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STARH Program

Jakarta, Indonesia

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ABBREVIATIONS

ACP	Appreciative Community Participation
ARH	Adolescent Reproductive Health
BKKBN	*Badan Koordinasi Keluarga Berencana Nasional* (National Family Planning Coordinating Board)
BP3K	*Buku Panduan Praktis Pelayanan Kontrasepsi* (Practical Guidelines for Family Planning Services)
BPP	*Badan Penyantun Puskesmas* (Community Health Board)
CDQI	Community-Driven Quality Improvement
CM	Community Mobilizer
CS	Contraceptive Security
CSO	Civil Society Organization
CST	Contraceptive Security Team
CTU	Contraceptive Technology Update
DepKes	*Departemen Kesehatan* (Ministry of Health)
DinKes	*Dinas Kesehatan* (Local Health Department)
DMT	Decision Making Tool
DTC	District Training Center
GOI	Government of Indonesia
HI 2010	Healthy Indonesia 2010
IBI	*Ikatan Bidan Indonesia* (Indonesian Midwives Association)
IDHS	Indonesia Demographic Health Survey
IDI	*Ikatan Dokter Indonesia* (Indonesian Medical Association)
IFPPD	Indonesia Forum of Parliamentarians for Population and Development
IP	Infection Prevention
IPC/C	Interpersonal Communication/Counseling
INA	Indonesian Nurses Association (*Persatuan Perawat Nasional Indonesia*)
INSIST	Institute for Social Transformation (Organization)
JICA	Japanese International Cooperative Agency
Kader	Cadre
KaSie Remaja	Head of Section of Adolescents (usually housed in districts)
KB	*Keluarga Berencana* (family planning)
KS	*Keluarga Sejahtera* (Welfare Family)
KW	*Kewenangan Wajib* (Obligatory Mandatory)
LP3Y	*Lembaga Penelitian, Pendidikan dan Penerbitan Yogya* (Organization)
LRP	Learning Resource Package
MNH	Maternal & Neonatal Health
NCTN	National Clinical Training Network
NGO	Non Governmental Organization
NSV	No Scapel Vasectomy
OD	Organizational Development

PI	Performance Improvement
PKBI	*Perkumpulan Keluarga Berencana Indonesia* (Indonesian Family Planning Association)
PKMI	*Perkumpulan Kontrasepsi Mantap Indonesia* (Indonesian Voluntary Sterilization Association)
POGI	*Perkumpulan Obstetri dan Ginekologi Indonesia* (Indonesian Society of Obstetrics and Gynecology)
PTC	Provincial Training Center
Pusat	Central Level (usually of government)
P2KS	*Pusat Pelatihan Klinis Sekunder* (Secondary Clinical Training Center)
QI	Quality Improvement
QIQ	Quick Investigation of Quality
Rakernas	*Rapat Kerja Nasional* (National Working Meeting)
RH/FP	Reproductive Health/Family Planning
SA Tool	Self Assessment Tool
SAHABAT	"Trusted Friend"
SAR	Semi Annual Report
SCF	Save the Children Fund
SDG	Service Delivery Guidelines
SDP	Service Delivery Point
SMPFA	Safe Motherhood Partnership and Family Approach Project (World Bank)
SO	Strategic Objective
SOAG	Strategic Objective Agreement Grant
SPARHCS	Strategic Pathways for Achieving Reproductive Health and Contraceptive Security
SPM	*Standar Pelayanan Minimum* (Minimum Service Standards)
TL	Tubal Ligation
UNFPA	United Nations Fund for Population Activities
VSC	Video Compact Disc
VSC	Voluntary Surgical Contraception
WB	World Bank
WB-COE	World Bank Center of Excellence
WHO	World Health Organization
YBP	Yayasan Bina Pustaka
YKB	Yayasan Kusuma Buana (Kusuma Buana Foundation)

TABLE OF CONTENTS

PART I: MAJOR PROGRAM ACHIEVEMENTS

The past six months represent the height of STARH's implementation phase, as evidenced by the list of achievements below:

- **Twelve district teams trained to implement the Community Driven Quality Improvement Approach:** During May and June STARH, along with BKKBN, DepKes and IBI, conducted training of district-based teams in the CDQI approach. This approach promotes facility and community based action to recognize and improve quality primarily at the *puskesmas*. The training launch represents the culmination of months of collaborative work between STARH and its counterparts to design a process that builds and improves on previous quality improvement efforts. The process introduces the concept of facility self-assessment and community ownership of public sector services. Initial follow up shows that some locations have quickly adopted and implemented the CDQI approach.
- **District capacity building for Contraceptive Security begun:** A very exciting and participatory process was initiated to build capacity at the district level to assess, and ensure contraceptive security. STARH is working very closely with BKKBN to build capacity at the central and province levels to assist districts to monitor and manage contraceptive security. This is of critical importance as decentralization approaches.
- **Law 10 amendments finalized:** The first phase of amending Law 10 has been completed. Although the draft is necessarily a compromise document, taking in to account the interests of many groups, it nonetheless represents a major step towards strengthening the policy environment for sustaining quality and choice in FP.
- **Standards and Guidelines launched:** The *Buku Panduan Praktis Pelayanan Kontrasepsi* (Practical Guidelines on Contraceptive Services) was finalized and launched. This publication represents months of collaboration and consensus building on technical content. The book has been very well received and the embedded standards are being reinforced through many other STARH activities such as CDQI, clinical training, Bidan Delima, and Sahabat.
- **Advocacy capacity building in 12 STARH districts:** Through its partner, INSIST, STARH has completed advocacy assessments in all 12 STARH districts. These assessments serve as a situation analysis, inventorying advocacy resources as well as RH/FP advocacy issues of concern to the district. District based advocacy teams will be formed and, based on the assessments, and capacity strengthened to advocate for a wide range of RH/FP issues.
- **BKKBN further prepared for decentralization:** BKKBN, with TA from STARH and MSH, has been putting tremendous effort into preparing for decentralization by the end of 2003. The division of responsibility between district and central/province (SPM matrix) has been finalized, guidelines for the districts are being produced and the monitoring role of Pusat, after decentralization, is being defined.
- **Bidan Delima concept launched with IBI:** A branded quality recognition program managed by IBI, called Bidan Delima has taken off. The concept has been adopted, preliminary program design drafted, and a logo identified. The concept was introduced and very well received at the annual IBI Congress in July. This private sector effort borrows many of the tools and concepts promoted in CDQI and to a great extent mirrors that public sector approach.

- **Second QIQ assessment conducted:** In order to identify early results of STARHs quality improvement efforts as well as opportunities for mid course correction, a second smaller QIQ assessment was conducted in 6 districts August and September. Selected QIQ II results are reported in the attached Performance Monitoring Plan (PMP).
- **VSC assessment in E & C Java completed/National VSC Policy and Strategy launched:** A quality assessment of 17 facilities providing VSC services in East and Central Java was conducted. The results of the assessment and the guidelines outlined in the newly promoted National VSC Policy and Strategy are being used to develop a system for VSC quality improvement and quality assurance in East and Central Java. This is being done in collaboration with the World Bank Centers of Excellence project.
- **CTU for S&G dissemination conducted**: With the publication of the *Buku Panduan Praktis Pelayanan Kontrasepsi,* contraceptive technology updates (CTU) began in the STARH districts and provinces. As part of the effort to build sustainable quality clinical training systems at the district level trainers are being trained to use, and train others to use, the new standards and guidelines to improve the quality of their services.
- **Quick coordinated response to SARS:** The SARS (Severe Acute Respiratory Syndrome) epidemic grew and threatened Indonesia during this reporting period. In an excellent demonstration of collaboration and quick response STARH, Healthy Indonesia 2010 and MNH pooled resources and expertise to help DepKes respond proactively and preventively to this potential threat.

PART II: PROGRAM MANAGEMENT ISSUES

Staffing

The following key positions were filled by STARH during the reporting period:

- Private Sector Advisor
- IP Advisor (midwife)
- Monitoring and Evaluation Advisor
- Four short term policy consultants for IA 3

The STARH Management Review Team recommended each of these staffing additions.

Activity Coordination Unit

Dr Sugiri Syarif identified by BKKBN to replace Pak Wandri Muchtar as head of STARH's Activity Coordination Unit, attended extended GOI management training during this reporting period. Pak Sugiri has been very accommodating in trying to continue to meet STARH's needs, despite his heavy schedule. While not ideal, STARH and BKKBN have managed to maintain open communication during this time period and we look forward to Pak Sugiri's return in December.

Relations with BKKBN

In a continued effort to increase and maintain communication with BKKBN, STARH staff renewed its commitment to spend more time at the BKKBN office, putting in place a schedule whereby program and management staff regularly spend designated time at the BKKBN office. This, and the almost daily meetings between BKKBN and STARH staff on technical issues, has helped to improve the quality and the quantity of communications. In addition, two full program coordination meeting were held at BKKBN during the reporting period. STARH News, produced in both English and Indonesian, continues to keep all parties informed of activities. In addition, STARH has linked up electronically with BKKBN so that files and work products can be easily shared.

Realignment of Activities

Some activities have been realigned in this report to reflect the reality of how they are being managed within STARH. All private sector initiatives, which include Bidan Delima, commercial sector operations research, and work with the Muhammadyah and Muslimat Health Networks, are now reported under Impact Area 2. While Impact Area 2 staff manage these activities, Impact Area 1 remains very involved, particularly in the Bidan Delima program to the extent that a midwife from the MNH program will be added to the Bidan Delima team to assure appropriate technical inputs. This project will proceed as a joint supply/demand effort.

Community participation activities of Impact Area 2 are now reported under the District Strategy as all of these activities are now incorporated into CDQI and CDQI is truly an integrated supply/demand, district based activity. From now on the community survey will be reported in the data section under Impact Area 3.

PART III: PROGRAM IMPLEMENTATION ISSUES

Peak Implementation

It should be evident in reading this report that STARH has reached peak implementation. Many of the activities that had been in various stages of planning during previous reporting periods, reached a "take off" point during the past six months. This has significantly increased the level of activity of STARH staff as well as the satisfaction of seeing many process efforts bear fruit. Technical areas reaching full implementation during the reporting period and described in this report include:

- CDQI training and implementation
- Standards and Guidelines distribution and dissemination
- Advocacy assessment and planning at the district level
- Contraceptive security assessment and planning at the district level
- Clinical training at the province and district level
- IBI private sector quality recognition program
- Law 10 Amendments
- VSC policy dissemination
- Preparation and dissemination of ARH job aids for BKKBN field staff

Having so many activities reach peak implementation has made it easier to demonstrate the linkages between and among STARH inputs. This report points out where and how those linkages occur.

Contraceptive Security

At the urging of STARH's CTO, the program has re examined its contraceptive security (CS) strategy and focused increased effort on identifying policy and advocacy issues related to contraceptive security. STARH worked with a consultant to articulate key advocacy issues related to CS, which are laid out in a separate paper (**REFERENCE APPENDIX 4 NO. 131**). A regional meeting in Malaysia helped an Indonesia team begin to formulate ideas around how media advocacy can work to ensure contraceptive security in Indonesia. As follow up to this good start a more comprehensive, joint STARH/KUIS, contraceptive security advocacy strategy will be launched in the next reporting period starting with a Journalist Forum on CS in October. In the meantime, STARH continues to implement the other dimensions of its CS strategy including: building district capacity to assess and plan for CS, promoting long term methods and encouraging public/private partnerships to ensure a full and continuous supply of contraceptives in Indonesia.

Zeroing in on the Data

In an effort to understand more fully the complex nature of contraceptive security in Indonesia, STARH is zeroing in on data that can be used to advocate for continued support of the national family planning program as the program decentralizes, as laws are modified and as leadership changes. During the reporting period STARH contracted with the Futures Group to obtain a more in depth analysis of the trends identified in the DHS data, particularly those which highlight contraceptive practices of the poor. The results of this analysis will be used in the advocacy strategy mentioned above. To go even deeper STARH has designed a qualitative study, to be carried out in the next reporting period that takes a closer look at the barriers to access and use of contraceptives by the poor in Indonesia.

Cooperation and Collaboration

STARH's work in family planning supports many other dimensions of the health sector including maternal mortality, HIV/AIDS, quality improvement, private sector involvement, data for decision-making and decentralization. This support is demonstrated through extensive collaboration with other CAs, other donor groups and other agencies/NGOs. Such collaboration adds reciprocal value to partner programs and maximizes donor investments. Some notable examples include:

- Continued extensive collaboration with MSH on decentralization of the National Family Planning Program
- Ongoing work with MNH on SARS, infection prevention, clinical training and, most recently, the Bidan Delima Program
- Continued work with Measure on DHS
- Multiple areas of collaboration with HI2010 including hand washing, adolescent healthy lifestyle planning, and advocacy.
- Collaboration with ASUH in launching the SAHABAT campaign in Cianjur.
- Initial planning with FHI for design of HIV/AIDS training module
- Joint planning with the World Bank VSC Centers of Excellence Program
- Information sharing with donor group on Adolescent Health
- Technical consultations with the Indonesian Anti Malaria Initiative (IAMI) on behavior change
- Technical consultations with Save the Children on trafficking in women and children

Scaling Up

With the signing of STARH's two year extension, through September 2005, the program has begun to plan its legacy. Particularly with regard to the district strategy, STARH has begun to identify the products and approaches that will be scaled up, as well as a time line and course of action for such scaling up to occur. Rather than waiting for the end of the program, STARH will begin to scale up in the first half of CY 2004. A table summarizing preliminary thoughts on scaling up is presented in the section on the district strategy.

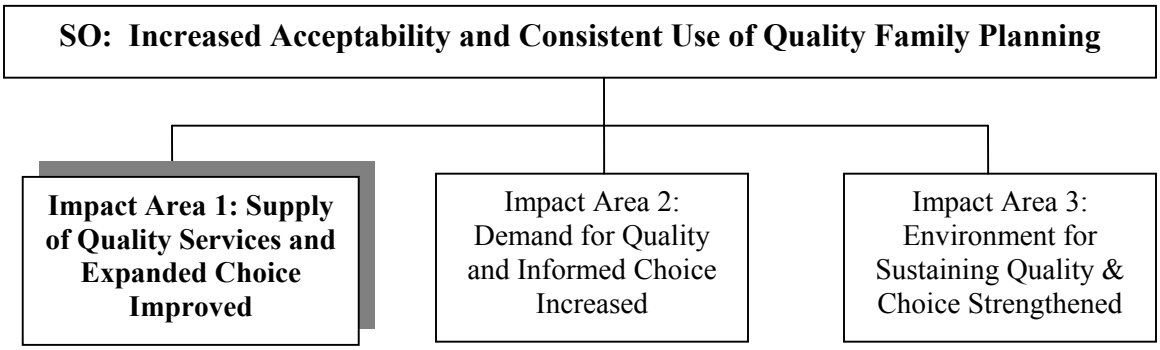
Response to SARS

The SARS (Severe Acute Respiratory Syndrome) epidemic grew and threatened Indonesia during this reporting period. In an excellent demonstration of collaboration and quick response STARH, Healthy Indonesia 2010 and MNH pooled resources and expertise to help DepKes respond proactively and preventively to this potential threat. Specific responses are mentioned later in this report. Ironically, SARS provided the programs with "an opportunity" to further expand the reach of central quality improvement messages around infection prevention and hand washing.

Security Issues

Finally, during this reporting period, the ordered evacuation of embassy staff ended and the USAID mission returned to its normal staffing level. Unfortunately, the bombing of the Marriott Hotel in August, tightened travel restrictions once again resulting in the cancellation of some planned TA visits. While putting extra workload on STARH in-country staff, these cancellations did not result in the postponement of any planned activities.

PART IV: ACHIEVEMENT OF IMPACT AREAS



Impact Area 1: Supply of Quality Services and Expanded Choice Improved

STARH is contributing to its Strategic Objective through improving the supply of quality RH/FP services and expanding choice of contraceptive methods. This is being achieved through three activity areas: service quality improvement; contraceptive security; and expanding method choice. STARH's supply initiatives are closely coordinated with demand side quality improvement interventions in Impact Area Two and with the policy activities being undertaken in Impact Area Three.

A. SERVICE QUALITY IMPROVEMENT

Preparation and Publication of the "National Family Planning Service Delivery Guidelines."

Overview

STARH is delighted to report the completion and launching of the *Buku Panduan Praktis Pelayanan Kontrasepsi* (Practical Guidelines on Contraceptive Services or BP3K) during this reporting period. The book was printed by Yayasan Bina Pustaka (YBP) and distributed at numerous national meetings, a dissemination package was developed and the orientation of providers begun. The availability and use of these standards and guidelines is fundamental to STARH's quality improvement strategy. To date STARH has focused on producing a consensus set of guidelines based on international standards, and making them available; over the remaining years STARH will focus on ensuring their use.

The Practical Guidelines on Contraceptive Services has linkages to many other aspects of STARH:

1. It's content is aligned with the content of the WHO Decision Making Tool so that clinical standards can be reinforced during counseling;
2. It is aligned with QIQ which measures performance against standards that are promoted in the BP3K;
3. It is aligned with the self assessment tools being promoted through CDQI and the Bidan Delima program which seek to promote and "recognize" quality, and'
4. It is aligned with the Clinical Technology Updates that are based on its content.

By linking activities this way, STARH is able to constantly reinforce the importance of maintaining consistent standards in the delivery of family planning services. This constant and multiple reinforcement will greatly increase opportunities for providers to change behavior.

Objectives

- A single set of up-to-date, evidence based guidelines for FP service delivery available to providers in FP service delivery points.
- Providers are aware of standards and are effectively using the guidelines document to improve quality services.

Achievements during Reporting Period

Introduction/Distribution of BP3K at Strategic Events

- In addition to all of the comments received by reviewers of the guidelines, STARH also hosted an executive seminar at BKKBN in May to receive final input and letters of support from BKKBN and DepKes prior to printing. The first printing of 2000 copies of the BP3K was completed at the end of July 2003. Prior to launching the book a draft copy was displayed during BKKBN's Family Day (Harganas) in Lumajang and at the DepKes Health Fair/SOAG signing ceremony.

- The BP3K **(REFERENCE APPENDIX 4 NO. 102)** was launched in Yogyakarta on July 6 at the 12th POGI (Association of Obstetricians and Gynecologists), Annual Meeting by the Minister of Health and the Principal Secretary of BKKBN. Many additional stakeholders from BKKBN, YBP, POGI, JNPK and IBI attended the event. Short presentations by POGI officials highlighted the process of development as well as the content areas. All of the Provincial Training Center directors, as well as provincial heads of BKKBN and Dinkes were invited to the meeting. The media covered this launch.

- During the reporting period the BP3K was distributed at many events and opportunities. They are summarized in Appendix 3. Some of the key events are described below.

- On August 9, The Indonesian College of Family Physicians (KDKI) held its Sixth National Congress in Surabaya. At this event Dr. Siswanto of BKKBN introduced the BP3K and symbolically gave copy of BP3K to KDKI General Chairman, Prof. DR. dr. Azrul Azwar, MPH (also Director General for Community Health at the Ministry of Health). At the same event, Prof. Biran of JNPK (NCTN) gave a brief presentation on the content of BP3K. During this event 125 copies were distributed to KDKI chapter heads.

- At IBI's 13th National Congress held in September, Dr. Siswanto introduced the BP3K during a panel presentation to over 1200 IBI members from all over the country. In addition, STARH and IBI disseminated the content of BP3K through a mini-university approach. The main topics of the mini-university focused on contraception, infection prevention practices **(REFERENCE APPENDIX 4 NO. 116116)** and MNH. Each session was programmed for 100 participants to hear an illustrated presentation followed by an open forum or demonstration. Materials distributed to participants included the BP3K, the IP video and the MNH Guidelines on Normal Delivery Care. The feedback from the IBI leadership was very positive, citing the mini-university as the first active learning event conducted during the congress. The Congress also generated interest from the other attendees to order copies of the BP3K for their colleagues. Jakarta based midwives held a separate meeting that included a session on the BP3K facilitated by Professor Biran. In all, 250 copies of the BP3K were distributed at this meeting.

- A slightly revised version of the BP3K will be ready for print and distribution in early October. In this version the language has been modified slightly to better meet the needs of midwives and a graphic on using a condom has been added.

Dissemination of Guidelines to Providers

- Now that the BP3K has been widely introduced, the main focus of STARH's effort shifts to developing and supporting dissemination events that promote the use of the content by the target audience. This will be accomplished by conducting structured dissemination activities that combine distribution of the book coupled with a range of knowledge and skills updates, depending on the need and the available resources of the providers and their supporting institutions. The medium for this activity is the Contraceptive Technology Update. This event can be as short as a one-day event that primarily focuses on advocating support from stakeholders for better FP practices, or a 3-day knowledge-only, or the full 5-day knowledge and skills CTU workshop. Working in tandem with a select group of clinical trainers from JNPK, a CTU learning resource package was developed during this reporting period and used in a series of training events organized for the 12 STARH districts and their facilities (see section on clinical training below). The package consists of participant and trainer materials, a set of presentation materials that can quickly be adapted for overhead or computer use, case studies and role play situations.
- In order to offer flexible dissemination options, JNPK clinical trainers and STARH's technical staff have started adapting the CTU materials to make them applicable for shorter advocacy meetings and knowledge-only workshops. The resulting range of materials will form the full dissemination package for the BP3K. A guideline or tip-sheet on how to use the package will also be included.
- STARH will actively support the dissemination of the BP3K in the 12 STARH districts as part of its District Strategy capacity building activities. To meet the needs of the rest of the country STARH has actively solicited participation from approximately 15 other donors involved in RH/FP. STARH is also seeking commercial sponsors to subsidize printing costs. STARH will offer each province up to 500 copies of the BP3K, the full dissemination package (including the three delivery options), and will facilitate networking with JNPK clinical trainers to conduct dissemination sessions if the Province can fund the other meeting/workshop costs.

Performing to Standard: What are the Barriers?

The main purpose of introducing Service Delivery Guidelines (SDGs) is to improve provider performance and to achieve improvements in health outcomes and client satisfaction. Performance according to standards is the cornerstone of quality assurance in health care. However, even when appropriately developed and "state of the art" SDGs are available, often health workers do not routinely follow them. In order to gain a better understanding of why this might be in Indonesia, STARH developed and administered a simple quick survey **(REFERENCE APPENDIX 4 NO. 101)** to examine what professionals in Indonesia perceive as the major barriers to adhering to service delivery guidelines. An analysis of the perceived barriers will help STARH and its counterparts determine additional ways to encourage use and adoption of the standards embedded in the BP3K.

STARH distributed the survey at numerous opportunities during the reporting period, including the POGI and IBI annual meetings. A total of 925 questionnaires were returned: 47% midwives and 45 % OBGyns', the rest were unspecified or non-clinical professionals. 83% worked in the public sector and 17% in the private sector.

Respondents agreed (agreed is defined as the sum of the scores on agree and fully agree) that providers do not comply with SDG's because:

- Standards are not in line with field realities (65%)
- The health system does not support compliance to standards because of lack of incentives, lack of motivation and sanctions for non-compliance; and lack of supervisor and client feedback (overall average 61%).
- There is a lack of internal motivation to use knowledge and skills to change professional behavior (58%)
- Standards are not very well understood (58%)
- High workload and stress (49%)

There are very interesting differences between the perceptions of midwives and OBGyns:

Statement	***OBGyn***	***Midwives***
The health system does not support compliance because:	Agree %	Agree %
Standards are not well disseminated	74	50
Cost issues prevent complying with standards	64	44
Organization of clinical services is not in line with standards	62	36
No support from professional organizations to follow standards	54	23
No clear standards	49	24
Providers do not comply with standards because they:		
Value autonomy above compliance to standards	56	29
Believe compliance to standards is optional	50	26
Lack knowledge to comply with standards	49	28
Lack of motivation to use knowledge/skills and change behavior	44	23
Disagree with standards	34	15

Conclusions

Since providers agree with standards and guidelines generally, it appears that *it is feasible* to use standards and guidelines to improve performance and quality of the health services. Most providers agreed that the health system and personal barriers are what hinder compliance with the standards. *Motivational* factors like incentives, disincentives, supervision & feedback, and *relevance* factors like explaining and linking the content of the standards to health service practice are recognised as the major barriers to compliance.

There are substantial differences between midwives and OBGyns indicating the need for a mix of motivational, knowledge, and organizational interventions, perhaps separately targeting the two different provider categories. STARH will work with its counterparts, specifically the professional organizations to address the results of this survey.

Clinical Training Systems and Capacity

Overview

STARH continues to work with district and province level stakeholders to strengthen clinical training capacity in a manner that will be sustainable after STARH ends, and will be transferable to other districts and provinces. In a departure from past practices, STARH's training strategy focuses on *building commitment to and sustainability of a well managed training system at the district and province level*, not only on building a pool of qualified clinical trainers. Rather than

focusing exclusively on JNPK (the National Clinical Training Network) STARH is also involving BKKBN, Dinkes and IBI at the local level to ensure broader ownership of the clinical training function. While most efforts this past reporting period have been on building clinical training skills (needed to prepare for dissemination of the BP3K) a shift will occur in the next reporting period to focus more on the management aspects of sustaining clinical training capacity at the district and province levels.

STARH's efforts in developing clinical training capacity address the following specific quality issues highlighted by QIQ:

- Standard clinical procedures were followed in only **30% of IUD** insertions
- Standard clinical procedures were followed in only **50% of injections**
- Standard clinical procedures were followed in only **56% of implant** insertions

Objectives

To improve the capacity of districts and provinces to establish, manage, deliver and sustain quality clinical RH/FP training.

Achievements during this Reporting Period

- In April, JNPK organized a workshop to plan contraceptive technology update (CTU) training to be offered at the province and district training centers. BKKBN, DepKes, IBI and JNPK were all involved in planning the training to ensure broad ownership, buy in and sustainability at the regional level. A CTU core team of midwives and obgyns was formed to develop materials, to conduct CTU training and to serve as supervisors and/or resource persons for future CTU training. The purpose of conducting CTU training is to:
  - Refresh contraceptive technology knowledge and skills of key trainers at the province and district level so that they can serve and provincial and district level training resources;
  - Provide a channel through which the content of the BP3K can be disseminated.
- A five-day CTU training was designed to focus on updating *knowledge* of all contraceptive methods, infection prevention (IP) and counseling as well as *skills* for counseling, IUD insertion and IP. The core team developed the CTU materials based on the BP3K and focused on deficiencies identified in QIQ. (See section on Standards and Guidelines above.)
- In May two trainers from each of the 8 PTCs in STARH provinces were updated to conduct CTU training for district level trainers and providers. This training included a refresher module on selecting trainers and training supervisors.
- From June to August the updated PTC trainers conducted 5 batches of CTU training for providers (some of which were also district trainers) in STARH districts. Hospitals sent two providers each and the *puskesmas* or NGO clinics sent 1 provider each (often this was a midwife). The purpose of this training was to update providers and some district level trainers on FP knowledge and skills, to introduce them to the BP3K and to identify additional candidates who could become CTU trainers at the district level. Following this training, the identified candidate trainers will be trained in Clinical Training Skills so they can serve as additional training resources for the entire district.

Infection Prevention (IP)

Overview

STARH's infection prevention activities are closely linked and should be viewed as a subset of its Clinical Training Activities. The strategy for developing district capacity to improve IP practices

is, however, slightly different from the standard method for developing clinical trainers, due to the complex nature of IP problems at facilities. The IP strategy involves development of a core team of clinical providers and supervisors at the district level to serve as an IP resource team. The primary function of the district IP team is to disseminate effective IP practices, which the team has already implemented at its own worksites (which in most cases is the district hospital), to service delivery points throughout the district. *For the most part this dissemination will take place on site at the service delivery point.* This strategy employs a more practical, learning by doing, on the job approach. Province level infection prevention resource persons will also be developed to provide on going, technical support to the district teams.

As a result of the data gathered during the first QIQ assessment, STARH has decided to focus its IP improvement efforts on the following major areas that were identified as deficient and yet critical to the provision of high quality services:

- Hand hygiene and personal protection
- Instrument processing
- Environmental sanitation (general cleanliness)
- Waste disposal particularly of used syringes and needles

Objective

To improve the capacity at the district level to assess, promote and improve infection prevention practices at service delivery points.

Achievements during this Reporting Period

IP Training and Capacity Building

- During the reporting period follow up visits to trained IP teams continued. These visits serve the dual purpose of advocacy and technical assistance. During the visit the follow up team meets with stakeholders such as Dinkes, BKKBN, Pemda and others to obtain commitment and budgetary support for IP improvements (particularly for equipment) at district facilities. Another focus of these advocacy visits is to link the IP teams to the existing supervision system to ensure its sustainability after STARH. This has also been successful in several districts where Dinkes has committed to incorporating the IP teams into their supervision systems. The second purpose of the follow up visit is to provide continued technical TA or coaching to the IP team by reviewing the IP improvements they have made at their own facilities.
- At the end of the last reporting period two districts Sukabumi in West Java and Lebak in Banten had not yet undergone IP training. In an effort to constantly learn from experiences and improve on approaches, STARH modified the training approach for these last two districts. From previous trainings of district teams STARH learned that the teams would benefit from a pre-training orientation to IP issues including a self-assessment of IP practices. This was accomplished by holding a two-day "mini-workshop" before the training in which the teams were invited to share their experiences and challenges in trying to improve IP practices to date. The teams were then visited by a trained IP facilitator who helped them conduct a self-assessment of IP practices at their place of work. By the time the teams came for the full six day workshop they were much better prepared to understand, discuss and take action on the technical information provided to them.
- Of course, the ultimate goal of all of the IP preparation that has taken place to date is to have IP teams in place at the district level providing TA to district facilities. STARH can report that this process has now begun. All district teams have held one day "socialization" exercises in which one provider and the Kepala *Puskesmas* from each facility (starting with

STARH facilities) were invited to the district hospital for an orientation on key aspects of IP. The orientation provided practical demonstrations on how to improve IP so that participants could immediately grasp how they might initiate change in their own facilities. This orientation is currently being followed up by a visit to each facility, by a member of the district IP team, to begin the process of coaching them through IP improvements.

- Finally, in July, at the request of JNPK and the Indonesian Nurses Association, STARH conducted a two day IP update so that all JNPK master trainers, some advanced trainers and representatives from the INA *(Indonesian Nurses Association - Persatuan Perawat Nasional Indonesia)* could receive an update on IP practices and standards. This is an important indication of the demand for information about IP and the expanding channels through which IP standards can be disseminated.

IP Materials Development

- An updated and expanded version of the Infection Prevention practices for Family Planning Clinics has recently been completed by JHPIEGO in Baltimore. This second edition, *Infection Prevention Guidelines for Healthcare Facilities with Limited Resources: Problem Solving Manual,* **(REFERENCE APPENDIX 4 NO. 130)** covers a broader topical area encompassing most of the essential IP practices in settings ranging from a primary health care center up to a large district based hospital, but retaining its focus on applications in low resource setting. It is accompanied by a video. The MNH Program in Indonesia commissioned the Yayasan Bina Pustaka (YBP) and a local production company (ClearVision) to work in tandem with both local technical staff and Baltimore-based consultants to translate the book and video into Bahasa Indonesia.

  The draft versions of these materials were made available to the STARH program at the time its district capacity building activities were gearing up. Staff from both STARH and MNH programs worked on finalizing the reference book and video translations by incorporating feedback and experience gathered from training events using IP materials and follow-up field activities. The reference manual is currently being type-set and copies will be available for distribution in October. The 3 part IP Video has been pressed into 2 VCDs that can run on either a computer or a regular VCD player **(REFERENCE APPENDIX 4 NO. 98 & 99)**. Copies of the video have already been distributed to the district IP teams, partner agencies as well as individual providers during the IBI Congress in early September.

- The experience of Sukabumi and Lebak resulted in the development of a workshop agenda and training materials for a two day mini IP workshop **(REFERENCE APPENDIX 4 NO. 117)**. This workshop format and materials can be used to provide technical updates, to conduct structured supervisory visits, or in conjunction with an IP needs assessment or follow-up and compliance visit. The 2 day agenda focuses on 4 main areas identified as deficiencies in QIQ 1: Hand hygiene, instrument processing, environmental sanitation and waste disposal including sharps. The activities in the workshop consist of demonstrations of best and practical IP practices with opportunities for questions and answers.

- The lessons learned from STARH's IP activities to date will be incorporated into its scaling up strategy. The IP manual and training curricula will be "packaged" along with other quality improvement materials such as the BP3K, the self assessment tools, and the CDQI materials to form a comprehensive quality improvement package to be promoted in other districts and provinces through STARH partner organizations such as BKKBN, DepKes, JNPK and IBI.

IP and SARS

- The MNH and STARH Programs provided technical assistance to WHO and DepKes in the fight against SARS by developing specific infection prevention guidelines for frontline hospitals and the designing a training event to effectively implement these guidelines.

  A resource document based on the infection prevention manual was developed and entitled "WHAT PRECAUTIONS SHOULD THE FRONTLINE STAFF TAKE?" This document describes the use of Standard Precautions with patients regardless of their infection status, establishing routine hand washing practices, when and how to use personal protective equipment, the handling of suspected cases of SARS, the disposal of waste and keeping a safe working environment. The translated version "*Panduan Singkat SARS untuk Petugas Lini Depan*" was presented at a WHO-DepKes workshop for Strict Barrier Nursing and is now included as one of the resource documents to use during training.

- MNH and STARH also helped the DepKes/WHO Team design a competency-based training approach, ensuring that critical direct providers and indirect support providers are ready to protect themselves as well as their co-workers, families and friends. The training package was pilot tested at the National Hospital for Infectious Disease (RSPI) in April, before expanding to other centers. This training, "Infection Prevention Course for Strict Barrier and Nursing Care on SARS," focused on applied knowledge, demonstrations and clinical practice for designated hospitals. The target audience is the entire staff of the hospital. At the end of the training, all staff members are expected to have essential information on SARS and each category of staff (managers, providers, cleaners, etc.) will have the skills necessary to apply appropriate infection prevention practices when responding to a SARS case. The pilot test also included doctors and nurses from hospitals in Medan, Pekanbaru, Batam, Pontianak, Surabaya, Denpasar and Mataram. The training package was later used by YanMedik's Directorate of Nursing to conduct training in Medan and Batam.

Interpersonal Communications and Counseling (IPC/C)

Overview

As explained in the workplan, STARH's IPCC strategy comprises the following activities from Impact Areas One and Two:

- The SAHABAT campaign, which introduces the expectation of more friendly and open communication between client and provider;
- Printed materials to help the client initiate more confident and informed dialogue;
- Self-assessment tools to be used in CDQI that remind providers of desired performance related to IPCC, and;
- The WHO Decision Making Tool in Family Planning (WHO flip chart) to enable providers to provide more, complete and accurate information in the interactions with clients

The SAHABAT campaign and the CDQI self assessment tools are described elsewhere in this report. In this section we describe progress made with regard to the use of the WHO flip chart and printed materials for client empowerment.

Objective

Improve the quality of interpersonal communication and counseling during client and provider interactions at service delivery points throughout Indonesia.

Achievements during this Reporting Period

The testing of the WHO flipchart represents collaboration between WHO/Geneva, INFO Project and STARH. It is part of a multi country pretest of the flipchart prior to WHO publishing the model for global distribution. Prior to this reporting period STARH had conducted extensive field tests of the flipchart and made many recommendations for revision back to WHO. During this reporting period the follow progress on the flipchart was made:

- Based on the input from the Indonesian field test WHO revised the flipchart. Changes were made to the flow of the decision making process and further technical information was added. In addition some of the pictures were modified based on input from providers in Indonesia.
- This version of the draft flipchart is currently being translated into Indonesian. The pictures will be "Indonesianised" in line with SAHABAT II campaign and the content of the BP3K.
- A draft concept paper on the training strategy to accompany the DMT is being finalized and will be discussed among key stakeholders. STARH will produce a DMT training video modeling correct use of the DMT.

B. CONTRACEPTIVE SECURITY

STARH's contraceptive security strategy aims to minimize threats to contraceptive security by strategically strengthening public and private sector systems and advocating the importance of contraceptive security to the public and policy makers at all levels. STARH's CS strategy spans all impact areas focusing on:

- Advocacy at all levels to increase and sustain policy and programmatic support for the family planning program. (See impact Area 2 and 3)
- Strengthening district capacity to assess and monitor CS at the district level, and to design and implement a district strategy that ensures adequate and continuous supplies for all. (Described below.)
- Bringing BKKBN and the private sector together in a public/private partnership to address contraceptive supply needs of Indonesia. (See Impact area 2)
- Improving service quality and availability of long term methods (See VSC section below.)

Building Decentralized Capacity for Ensuring Contraceptive Security

Overview

The last semi annual report stated that a new strategy, focusing on assuring contraceptive security at the district level, had been developed. In the past six months STARH has made great progress in implementing this capacity-building strategy with BKKBN at the central, province and district levels. The goal of the strategy is to make sure, in the light of decentralization of the family planning program, that local governments understand the importance of ensuring an adequate supply of contraceptives for all clients in the district, both poor and non-poor, and that they have the tools and skills necessary to assess, plan and implement a district-level contraceptive security strategy specific to their situation.

Objective

Ensure the maintenance of contraceptive security across Indonesia, particularly as BKKBN decentralizes its functions.

Achievements during this Reporting Period

- Starting with the SPARCHS tool, prepared by a committee of international CS experts for application at the national level, STARH created an adapted contraceptive security self assessment tool for use by district level teams. Indonesia is the first country to adapt the tool and apply it in support of decentralized management of CS. STARH's strategy is to build capacity within BKKBN to help districts to apply this and other tools to make sure that contraceptive security does not "fall through the cracks" as decentralization of the national family planning program progresses. In addition to addressing the need to focus on CS at the district level, this strategy also allows BKKBN Pusat and province to "try out" their new role of providing TA to districts in specific technical areas.

- In May the Contraceptive Security Team (CST), consisting of members from STARH and BKKBN Pusat, met with the STARH Province Team in Central Java to create an understanding and awareness of contraceptive security, and to gain agreement from the STARH team that they have an important role to play in helping their districts address contraceptive security.

- In June the CST and the Central Java provincial team met with the Boyolali District STARH team. This presentation and discussion accomplished several objectives: 1) created an understanding and awareness within the Boyolali team about contraceptive security; 2) further strengthened the capacity-building efforts with the provincial team; 3) presented and reviewed the Contraceptive Security Assessment Tool for use in diagnosing the contraceptive security situation at the district level, and 4) secured Boyolali's interest in being the first district to field test the tool. At the end of this meeting Boyolali designated 11 people from the district to undertake a CS assessment using the diagnostic tool **(REFERENCE APPENDIX 4 NO. 100)**.

- In July the CST brought together the STARH provincial team, the Boyolali CS team, BKKBN and STARH Pusat representatives to a two-day "Contraceptive Security Assessment Workshop", in Solo, Central Java to review the results of the Boyolali CS assessment. The Boyolali team presented their findings on the five CS components (Policy; Suppliers/Private Sector; Logistics; Financing; and Service Delivery). Conducting the assessment and presenting the results gave Boyolali a comprehensive understanding of the challenges they face in achieving contraceptive security in their district. The workshop also continued the capacity-building efforts of the STARH provincial team who were present to observe the process.

- In August, STARH's Contraceptive Security Advisor gave a presentation to the SPARHCS group and USAID/Washington Contraceptive Security Advisor entitled "Adapting SPARHCS for Use in a Decentralized Environment". This presentation, which took place at JSI offices in Washington, reviewed how the CST has used the SPARHCS framework and diagnostic tools and adapted them for use at the district level in Indonesia. USAID/Washington has shown particular interest in the Indonesia experience since to date the SPARHCS diagnostic tool has been used to assess contraceptive security at the central level only. STARH's ground-breaking work in adapting SPARHCS for use at the district level will be highlighted in a Lessons Learned paper being developed by USAID on the SPARHCS experience world-wide.

- The CST continued its development of the "Contraceptive Security Tool-Kit", a set of materials designed to help a district 1) assess their CS environment and identify the challenges; 2) develop a district-level strategy to address these challenges; and 3) monitor and evaluate their CS efforts. Revision of the first tool, the Assessment Tool has begun by

bringing the Boyolali team back together again and getting their detailed input and feedback based on their experience using the tool.

- To date STARH's capacity-building efforts have been welcomed at all levels, and over the next six months STARH and the CST will continue its efforts to build provincial and district level capacity to address CS. These activities will see an expansion to the next STARH province, East Java, where the same process will be introduced in Malang. STARH's efforts to "scale up" its CS approach has received an enormous boost from BKKBN pusat, with the decision by BKKBN to develop comprehensive guidelines that will be distributed to all 419 districts. STARH envisions that the "CS Tool Kit" being developed will be integrated in these guidelines.

C. EXPANDING CHOICE

Voluntary Surgical Contraception (VSC)

Overview

STARH is providing technical and other support for VSC to address the issues of client safety and quality. STARH's overall VSC strategy incorporates the following elements:

- Policy change at the central level focusing on compliance with standards
- Human resources strengthening
- Updating standards and guidelines
- Consolidation of service delivery to ensure safety and quality of care
- Policy change to get sustainable support for VSC quality assurance system

STARH's VSC initiatives operate at both national and local levels. Development of the national strategy document through the VSC Technical Working Group and the updating of standards and guidelines with PKMI are prime examples STARH's national efforts, while consolidation of service delivery activity such as the VSC SDP assessment and planned training activities in East and Central Java are local applications.

STARH's interventions are linked to the World Bank funded VSC Center of Excellence (COE) project located in the provinces of East and Central Java. This project is a BKKBN and PKMI partnership to develop 2 COE in each of these provinces (Surabaya and Ngawi in East Java, and Banyumas and Tugu Rejo in Central Java). The goal is to use the COE as a referral and training site for expansion of quality VSC services. STARH has been asked to facilitate the launch of the COE effort as well as provide technical inputs. However, institutional and program management issues surrounding the WB activity have resulted in delays. The launch should occur in October or November.

During this reporting period STARH has focused much of its advocacy toward the need for a strong quality assurance system to both ensure that quality improvements are achieved and that they are sustained over time. The design, "ownership" (who are the stakeholders and at which level do they reside), and funding of such a system remains a challenge.

Objective

Ensure the delivery of safe and effective VSC services (with an emphasis on high caseload service delivery points) through a strengthened quality assurance system.

Achievements during this Reporting Period

- The National VSC Strategy and Policy Document was finally vetted by BKKBN and the final draft published in June 2003 after an extended technical, political and programmatic review. STARH supported the initial printing of 2000 copies as requested by BKKBN. The first 1500 copies will be for BKKBN to distribute to its province and district offices. The remaining 500 copies will remain with STARH to be used in advocacy efforts. The National VSC policy document is linked with the BP3K in promoting adherence to clinical standards.

- A national launch of the National VSC Strategy and Policy Document was held during the National Congress of the Indonesian Ob-Gyn Association on 6 July 2003 in Yogyakarta. STARH supported this event wherein key stakeholders from both national and provincial offices of BKKBN, DepKes and PKMI were invited to a half day executive seminar accompanying the launch. Copies of the National VSC Strategy were distributed during this event.

- A short and long-term national VSC policy Implementation Activity Matrix has also been completed. The activity matrix identifies critical interventions, the level of intervention (Pusat, province or district), required resources as well as the intended outcomes/outputs. The activity categories are grouped in 2 main areas consisting of supply and demand. BKKBN intends to utilize this matrix for planning the WB-COE efforts in the 2 provinces. STARH provided TA in preparing the matrix. As part of the planned activities, STARH is working with BKKBN to develop an advocacy initiative to target decision makers at both National and Provincial levels. Its purpose is to strengthen the material and moral support for the VSC program. This is a joint effort of the Services and Advocacy Directorates of BKKBN and Impact Areas I and II within STARH.

- Assessment of high case load VSC service delivery points (SDPs) in East and Central Java was completed in August 2003. A team from the national TWG and STARH developed a set of tools and guidelines to assist SDPs identify strengths and deficiencies in their provision of VSC services. This assessment process was initially tested and refined in West Java and consisted of three linked activities: A 1 day province wide meeting to inform and develop support for the assessment activity, followed by an on-site visit to each of the identified SDPs to help the providers and their administrators use the tools, and finally a province-wide feedback and next-steps planning meeting. The team from UI-IKK and PKMI won the bid to conduct the two province/17 SDP assessment activity. The assessment process was generally well accepted by the SDPs as the tools and guidelines were shared prior to the site visit. It was viewed as a partnership to assist them improve their services. To date, each of the SDPs, their corresponding district level BKKBN and DinKes offices and the provincial offices have identified areas for improvement. Additional planning meetings will take place to follow-up interventions that will require external input and to set up the quality assurance system. As part of scaling up, the tools used in this and the W. Java assessment will be packaged and made available to other facilities involved in improving VSC services.

- The assessment results in East and Central Java found generally poor quality in screening, counseling, infection prevention, pain management and postoperative care. It also found that the cost of the procedure usually exceeds reimbursement resulting in low motivation to spend time and money on providing higher quality. This issue of reimbursement will be addressed in the advocacy activities described above. A draft summary assessment report is available in Indonesian **(REFERENCE APPENDIX 4 NO. 28)**.

- Initial steps towards strengthening the standards and guidelines for tubectomy and vasectomy have been completed. STARH has been working with PKMI to review, revise and update their training documents for minilaparotomy, laparoscopic- guided tubectomy and non-scalpel vasectomy. In the past, except for the minilap, the training documents for each of

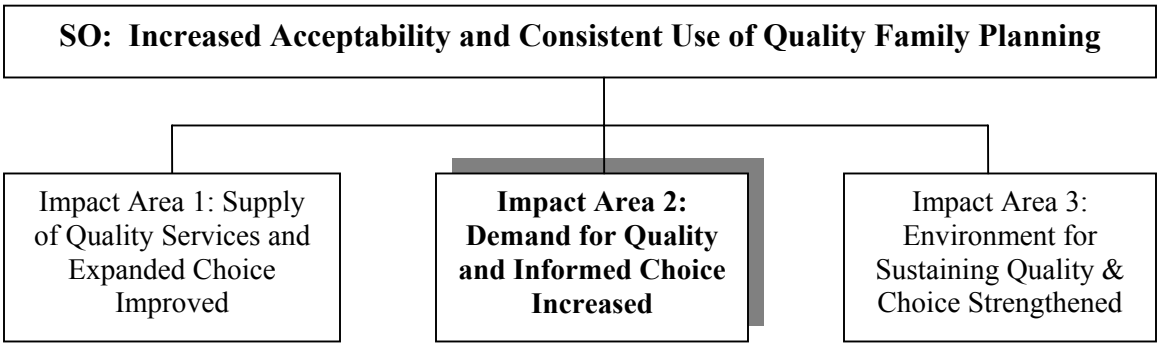
these procedures were not standardized nor were they updated with recent information. The training approach also needed an overhaul. In September PKMI officially introduced the learning resource packages for Minilap, Laparoscopic TL and NSV in a half-day meeting involving its key partners from BKKBN and DepKes. Each of the Learning Resource Packages (LRP) consists of a reference manual, a trainers notebook and a participants handbook. The reference manual contains all of the need to know information on the provision of high quality and safe clinical services. The LRPs will be used to conduct refresher training for current providers as well as inductive training events for future new providers.

- Human resource development, specifically trainer preparation and provider training, are two critical components for achieving VSC quality improvement objectives. Trainer preparation and provider training events are currently under discussion with PKMI leadership and with the national VSC TWG. The LRPs will be fine tuned during these series of training events to reach all of the providers that were involved in the assessment activities in the three provinces of West, Central and East Java. Prior to conducting the provider training, a core team of experienced clinical trainers for each of the clinical areas will be prepared using the new LRPs. Three training sites will also be identified and prepared to take on the initial training activities. Once these initial steps have been completed, each SDP in the 3 provinces will be invited to send a team of provider and assistant to participate in refresher workshops.

IUDs

The use of IUDs has been declining in Indonesia. Since it was once the mainstay of the program, its loss in popularity is unusual. The reasons often given for the decline in IUD use are: 1) clients prefer "medicine", meaning pills are better than the IUD, and injectables are even better; 2) clients dislike the physical examination and 3) *bidans*, the most important FP providers, prefer injectables because it creates an income stream and requires less clinical skills. There are also some questions about the stocks of IUDs. BKKBN is buying several thousand for the 2004 fiscal year. However, there are a number of reports from the field that old Lippies Loops are being used. The stock issue requires further investigation.

STARH recognizes that the over reliance on hormonal resupply methods in Indonesia poses a threat to CPR growth and contraceptive security. In an effort to expand the availability of quality IUD services STARH has focused its clinical skills training on improving and expanding clinical IUD insertion skills. However it is important to further explore the reasons for the shift away from IUDs and work with counterparts to plan a comprehensive strategy to reinvigorate both the supply of and demand for IUD services. This will be an area of focus during the next reporting period.



Impact Area 2: Demand for Quality Services and Informed Choice Increased

In the past, Impact Area 2 has focused on three main activity areas: empowering clients and communities to demand better quality services, advocacy for policy reform, and community participation to support quality improvement. During this reporting period a fourth category is added: Private Sector Initiatives. This area has been under development for quite some time and was officially launched during this reporting period. It includes the private midwife initiative, proposed work with the faith-based health networks of Muhammadyah and Muslimat and possible initiatives with the commercial sector. This fourth area, particularly the private midwife initiative, is implemented in very close collaboration with Impact Area One as it incorporates supply side quality improvement activities. The advocacy work under Impact Area 2 is very closely coordinated with Impact Area 3. All four activity areas work together to ensure that RH/FP services are client focused and that providers are increasingly accountable to their clients.

A. EMPOWERED CLIENTS AND COMMUNITIES

SAHABAT Campaign

Overview

The Sahabat Campaign (part of SMART Initiative) supports overall quality improvement by promoting informed choice amongst clients, providers and communities. The word Sahabat refers to a "trusted friend". This campaign creates Sahabat clients, Sahabat providers and Sahabat communities. It uses mass media, interpersonal communication and community mobilization to change attitudes and behaviors.

Objectives

- Enhance and strengthen the client-provider relationship as a *partnership* between clients and providers
- Increase client and community awareness about their right to quality services.
- Increase ability and activities of community leaders and PLKB to promote SMART client education /coaching through community members and cadres.

Achievements during this Reporting Period

- During the reporting period the level of awareness about the Sahabat campaign increased significantly. The community survey **(REFERENCE APPENDIX 4 NO. 68)** conducted by AC Nielsen in 12 STARH districts shows a tremendous increase in awareness levels and understanding of

the message compared to the previous period. Awareness levels of the PSA reached 84%. The audience perceived the message content to be about:

- Quality interaction between clients and providers (54%),
- Husband involvement in FP (45%)
- Community leader involvement in FP (19%).

Ninety percent of the audience had a positive feeling towards the PSA, while 87% agreed with the message. Eighty four percent of the audience perceived that the ads were useful for stimulating service quality improvement and 69% perceived that the PSA could have a positive impact on health providers treating them as "Sahabat". The audience also perceived that the PSA would prompt their friends and relatives to become more active clients (64%). Awareness of the Sahabat logo (67%) is high compared with other health program logos such as Siaga (36%) and Keluarga Berkualitas (58%). The latest AC Nielsen Omnibus Survey (May-June 2003) showed an even higher level of awareness (92%) compared to the 45% awareness level from the October 2002 survey.

It is clear that TV is the appropriate media for transmitting the Sahabat message at the national level. Most awareness comes from TV, with radio only contributing 6%. Currently, **Sahabat is the leading PSA campaign in Indonesia in terms of awareness and coverage.**

- During the reporting period all district teams received small grants, following their P-Process training, to conduct ongoing local Sahabat campaigns. Most teams undertook activities involving local radio, local newspapers, traditional performances, mobile units and printed materials. Teams found that they needed to look closely at their audiences in order to develop appropriate key messages. Some of the additional lessons learned include:
  - The importance of pretesting. Bangka found that pretesting helped them to bridge a large gap between the intended message and the audiences' understanding.
  - The importance of district level radio as the "locomotive" to pull other activities such as brochures, stickers, etc.
  - Songs and melodies work to increase awareness of Sahabat messages;
  - Different audiences are receptive to different types of media. For example rural women tend to list to traditional performances or mobile units as opposed to reading the newspaper; urban dwellers tend to like thematic events such as bazaars, music shows, religious speeches, etc.
  - Leveraging works. The Cianjur team was able to generate private sector sponsorship through SANAFLU (a pharmaceutical company) for mini billboards and they were able to expand their Sahabat exposure by incorporating the tagline into the ASUH radio program.

  This increased understanding and capacity will help greatly as the district teams begin to work on campaigns around Sahabat II.

- In August 2003, STARH conducted the bidding process to select an advertising agency to develop the Sahabat II campaign. MACS 909 was selected**.** Development of Sahabat II will incorporate lessons learned from Sahabat I and other relevant inputs. Currently, STARH is in the creative material development process. Materials will be pre tested before proceeding to TV production in October 2003. The content of the Sahabat II campaign will:
  - Focus primarily on client behavior, but will still model good client-provider interaction;
  - Convey the central message: "Ask, Inform and Reconfirm" when discussing FP issues with the provider. This message is developed based on the Smart Client study and will encourage informed choice.

- Model specific aspects of quality of care, such as infection prevention, IPC/C, and method selection.
- Maintain TV as main medium, supported by print and radio.

Upon completion of the client-focused campaign, a third phase of the campaign will focus on provider behavior change.

- The Sahabat campaign is also linked with the Community Driven Quality Improvement (CDQI) initiative by providing the Smart brochure to clients through CDQI. The content of the brochure articulates the Sahabat message of encouraging clients to "Ask, Inform and Reconfirm" their concern on FP services, reinforcing the CDQI objective of increasing community involvement in demanding quality services. This brochure is in the process of being finalized after being pre tested in selected STARH districts (OKI, Boyolali, Cianjur).
- The Sahabat Campaign is being closely coordinated with development of IBI's Bidan Delima quality recognition program for private midwives. Sahabat will promote quality improvement aspects, such as infection prevention, counseling and method choice, that are key in determining a bidan's eligibility for becoming a Bidan Delima. (See private sector initiatives at the end of Impact Area 2 for more details on Bidan Delima.)

Adolescent Reproductive Health

Overview

The STARH Management Review recommended that STARH refocus its ARH efforts in the areas of media interventions, collecting, adapting and disseminating international best practices, collaboration with other donors and policy development. This section reflects achievements since that refocusing effort began.

Objectives

To increase the capacity of donors, journalists, NGO and government staff to implement adolescent reproductive health activities and to discuss ARH issues openly.

Achievements during this Reporting Period

- Reports were submitted for the eleven small grants made to districts to carry out ARH communication activities subsequent to P-Process training. A wide variety of communication activities were undertaken including school-based events, production of IEC materials, and media campaigns, involving a broad range of stakeholders including faith-based organizations.
- Last year's field assessment of BKKBN's Kasie Remaja (district ARH program managers) suggested that BKKBN should implement a range of interventions to strengthen its contribution to ARH programming at the district level. One of the interventions that BKKBN's Directorate of Youth (DITREM) has embraced is the development and distribution of ARH fact sheets to the Kasie Remaja. The purpose of the fact sheets is twofold: They will help BKKBN transform the Kasie Remaja's role from manager to facilitator/coordinator of local ARH activities; and they will help to continually increase the Kasie Remaja's level of understanding and skills in facilitating/coordinating ARH programs.

  A team of writers from BKKBN has been formed to create the fact sheets and STARH is providing financial support (for the first year) and technical assistance for drafting, pretesting, finalizing and disseminating the products. During the reporting period three fact sheets have been developed, pretested in Cianjur and Bogor, printed and distributed. Prior to printing, a

one-day workshop was held to gain final feedback from media representatives and ARH experts. Five thousand copies of each of the first three facts sheets have been distributed through BKKBN. The topics are:

  - Adolescent Reproductive Health – Importance and Necessity **(REFERENCE APPENDIX 4 NO. 124)**
  - Puberty and Sexuality **(REFERENCE APPENDIX 4 NO. 125)**
  - Unwanted Pregnancies & Sexually Transmitted Infection among Adolescents. **(REFERENCE APPENDIX 4 NO. 126)**

- Planning for a national ARH NGO Conference in 2004 has started **(REFERENCE APPENDIX 4 NO. 69)**. The conference will address issues raised in the Mepham report of 2001 *(Review of NGO ARH Programs*) about the need for NGOs to network together to reduce professional isolation and share lessons learned. The conference will focus on strengthening programming for adolescents by disseminating best practices and facilitating coordination among NGOs.
- During the reporting period a second meeting of the Adolescent Health interagency donor coordination group was held. The formation of this group was instigated by STARH. Participants included representatives from MSF, Save the Children, WHO, UNFPA, UNICEF, UNESCO, FHI, STARH, KUIS and Atmajaya. A lively discussion and a great deal of information sharing took place (see meeting minutes) **(REFERENCE APPENDIX 4 NO. 37)**. Issues that will be followed up include: sharing of data on ARH issues, determining how to capture best practices in adolescent reproductive health, participation in WHO's regional conference on Adolescent Friendly Health Services, in Bali in January 2004 and planning for the National ARH NGO Conference. A next meeting of the donor coordination group will take place in December.
- STARH plans to work with HI2010 to prepare a media strategy for youth healthy lifestyles that incorporates messages about ARH.

Strengthening NGO/CSOs

Overview

The achievements described below indicate that YKB is making good progress, with the continuation of intensive assistance and monitoring for the five trained NGOs in Java during the implementation phase, while at the same time adding new NGOs from Sumatra to their program.

Objectives

- Enhance the capacity of YKB partner-NGOs in nine STARH's provinces to develop and implement self-reliant reproductive health programs through inter NGOs exchange of experiences.
- Increase the reproductive health service coverage of the nine partner NGOs.
- Expand the project's scope by replicating the similar process in the nine STARH's provinces through the leadership of the trained NGOs.

Achievements during this Reporting Period

- During this reporting period, 4 NGOs from Sumatra joined the YKB NGO strengthening program supported by STARH. To incorporate the 4 new NGOs the following was accomplished:
  - A series of Advisory Committee meetings was held with YKB, BKKBN, and STARH to identify and select four potential NGOs from among 20 candidates. The selected NGOs are: Humaniora Medan, Sahiva USU Medan, Bodronoyo Palembang, and Aisyiah

Lampung **(REFERENCE APPENDIX 4 NO. 39)**.

- Teams visited each participating Sumatra NGO and provided TA to help them complete the self assessment check-lists through a SWOT approach. The teams then analyzed the completed check-lists.

- Based on analysis of the check-lists, the training modules were revised to meet individual NGO needs and interest. YKB organized and conducted training sessions on self-reliant reproductive health services for the 4 NGOs incorporating apprenticeship and field study approaches**.** Subsequently the NGOs developed Plans of Action to address their most pressing needs.

- Following the training for Sumatra, the Java NGOs joined the Sumatran NGOs to share experiences, lessons learned and provide feedback to one another. Participants greatly appreciated this approach. As a follow up activity, they plan to develop a newsletter to share among themselves describing their ongoing activities, for the purpose of mutual support and learning.

- While incorporation of new NGOs has been going on, continued assistance and supervision is being provided to the original five Java NGOs. During the reporting period YKB has organized numerous follow up activities providing technical and management coaching to the Java based NGOs as follows:

  - YKB conducted a facilitative supervision visit to Sahara Foundation in Bandung and at the same time assisted this Foundation to organize a two-day in-service training covering the preparatory actions for mass cervical cancer screening and strengthening the clinical staff's skills in counseling and managerial activities. A total 12 field officers and 5 clinical staff have been targeted with these training sessions.
  - YKB assisted Yayasan Pelita Ilmu in Jakarta in establishing a collaborative network with local pathologists and the surrounding health facilities to start mass cervical cancer screening program.
  - YKB collaborated with the Klinik Raden Saleh in providing family planning and comprehensive reproductive health in-service training for Yayasan Pelita Ilmu clinical staff.
  - YKB organized an interactive forum among five NGOs in Java to share their experiences in managing the program during the previous reporting period. In this forum the participating NGOs presented their achievements and problems that have been encountered. During this forum YKB also conducted the mid term evaluation through interactive discussions with each NGO.

- The following results of the NGO capacity building efforts in Java demonstrate an application of the self sufficiency skills learned to generate income and meet demand for services:

  - Aisyiah, an affiliate of Muhammadyah, in Semarang has organized a joint program with three local branches to introduce reproductive health services through 7 elementary schools as the entry point for targeting families. The program consists of health seminars, cervical cancer screening, control of STI, and immunization. The community utilization of Aisyiah health facilities showed a significant increase during this reporting period.
  - Muslimat in Pasuruan has established a network of community motivators to actively promote the use of Muslimat's health facility. During this reporting period, the facility reported the significant increase of clients.
  - Following its active advocacy program, Yayasan Pelita Ilmu in Jakarta has received support from informal leaders for its new clinic.

- Yayasan Sahara in Bandung has performed socialization of its program to various high schools and the response has been very promising with the significant increase of clinic's clients.

B. ADVOCACY TO SUPPORT RH/FP POLICY CHANGE

Overview

STARH's advocacy strategy has continued to grow and strengthen during this reporting period with much of previously planned activities now in a full implementation phase.

Objectives

To prepare existing channels at the national, regional and district levels to more effectively advocate for priority RH/FP issues.

Achievements during this Reporting Period

National Level: At the national level STARH's advocacy capacity building strategy is conducted through three primary channels: the Parliamentary Forum, a Journalist Forum and a National Alliance for RH/FP. Progress is described below:

- Advocacy Capacity Development through the Parliamentary Forum: STARH has been working extensively with the national Parliamentary Forum (IFPPD), in collaboration with UNFPA and BKKBN, to amend Law No.10/1992 such that it:
  - Accommodates the recent development on population and FP/RH issues, such as ICPD, MDG and decentralization;
  - Ensures the government will implement the program in correct way (rule of law, sanction, etc), and;
  - Focuses on population-centered development

  During the reporting period all parties have been working very hard to accomplish the above objectives. Following is a list of activities organized by IFPPD with support from STARH:
  - Material (Law No.10) review.
  - Monthly discussions with stakeholders (3 times)
  - Seminars at the Provincial and District levels to obtain inputs (Medan, Bangka-Belitung, Lampung, Banten, Sukabumi, Demak, Bangkalan, Makassar and Kupang)
  - Expert meetings (3 times)
  - Round table discussions (5): to get input from various groups (i.e. religious, universities, CSOs, government)
  - National Seminar by Commission VII/DPR-RI.

  Complete documentation of this process is available in the STARH files. Results of these activities are discussed under Impact Area 3.

- Media Advocacy Capacity Development through the Journalist Forum: Mass Media plays a pivotal role in social change, especially in delivering key message to the intended audience. STARH's activities at the national level are aimed at improving journalists' knowledge of FP/RH issues, increasing coverage of FP/RH issues, and influencing the FP/RH policy making process. Over the past six months STARH has sponsored a monthly Journalist Forum, which is an independent group of journalist with an interest in health. STARH helps to identify expert speakers, provides briefing materials and offers

lunch. This is a joint activity between STARH and KUIS. The following topics were covered during this reporting period:

- SARS – April
- Male Participation in FP/RH - May
- Client's Rights in FP Counseling - June
- Sex Education for Young Adults – July
- Reproductive Health and Trafficking – August

STARH tracks media coverage resulting from each forum conducted. Reports on the coverage generated by the forums are available for review. **(REFERENCE APPENDIX 4 NO. 51)**

In order to give journalists a more in-depth understanding of key RH/FP issues STARH also arranged to have three journalists from Jakarta (The Jakarta Post, Gatra Magazine, Femina Magazine) and 7 East Java correspondents (TRANS TV, TV 7, Reuters, Koran Tempo, 68H Radio, Suara Pembaruan, Kompas) cover the National Family Day in East Java during which the soft launch of WHO Decision Making Tools took place. In addition STARH arranged for a senior journalist from Suara Pembaruan to visit Cianjur to cover the FP and MNH situation in the Cianjur district. The coverage was published in a series of three front page articles.

- Advocacy Capacity Development through a National Alliance for RH/FP: During the reporting period it was decided that the formation of a national alliance should take place *after* the INSIST assessment of national level advocacy capacity and identification of advocacy issues. Therefore, the alliance will be formed in the next reporting period after INSIST provides an official report of their findings.

Regional Level: At the regional level, STARH's advocacy efforts are conducted through two primary channels, local journalists and the STARH district teams (plus additional participants). During the previous reporting period STARH also explored the possibility of supporting the national IFPPD to assist districts to establish local Parliamentary Forums. Feedback from districts indicated that this was not a priority and therefore STARH will set aside this activity. As the local DPR stabilizes more interest may develop.

- Media Advocacy Capacity Development through Journalists: During this reporting period STARH has continued to work with the Yogyakarta Institute of Research, Education and Publication (Lembaga Penilitian Pendidikan dan Penerbitan or LP3Y) to improve the skills of journalists at the district level. In August an inventory of all potential print and radio media in the 12 STARH districts was prepared. Potential facilitators for the journalist workshops were identified and a draft workshop module was prepared jointly by LP3Y, STARH and BKKBN. The next step is to conduct the workshop for journalists from the 12 STARH districts at the campus of LP3Y in Yogyakarta. During the workshop each participant will prepare a six month plan of how to cover the local FP/RH issues that were identified in the INSIST assessment. LP3Y will provide follow up coaching, on a monthly basis, to the journalists as they carry out their plans.
- Advocacy Capacity Development through District Stakeholder Teams: A tremendous amount of progress has been made by STARH's partner INSIST during this reporting period. Advocacy needs assessments were conducted in each of STARH's 12 districts. The purpose of the assessment was to:
    - Identify the key players for FP/RH advocacy in each district
    - Assess the knowledge base of each of these key players related to FP/RH

- Create a profile of a potential district based FP/RH advocacy alliance
- Identify key FP/RH issues, policies or programs that are considered important in each district.

The assessment was qualitative in nature employing in-depth interviews and focus group discussions. Key informants included STARH District Team members, community and religious leaders or other NGOs. This assessment serves as a situation analysis forming the basis for follow on advocacy capacity building efforts at the district level. STARH will provide fact sheets or other tools to help the districts proceed with the advocacy agenda identified through the assessment.

- During September INSIST drafted a report on the assessment results and made a preliminary presentation of the results to BKKBN and DepKes to obtain input on next steps. INSIST is currently in the process of preparing a module for the follow up workshops in the districts during which they will facilitate development of the district advocacy alliance.
- During the next reporting period district based advocacy alliances will begin to take action on the priority issued identified in the assessment.

C. COMMUNITY PARTICIPATION TO SUPPORT SERVICE QUALITY IMPROVEMENT

Community Driven Quality Improvement

(Please see the District Strategy Section for a report of CDQI activities)

D. PRIVATE SECTOR INITIATIVES

Overview

STARH's private sector initiatives were formally launched during this reporting period with the addition of a full time senior staff member who has considerable experience working with private health sector. Three initiatives are included in this section: IBI's Bidan Delima program, exploratory work with the networks of Muhammadyah and Muslimat, and operational research activities with commercial suppliers of contraceptives.

The largest of these initiatives is the Bidan Delima program being undertaken by IBI with STARH support. The program incorporates the core principles of STARH focusing on improving the supply of and demand for quality RH/FP services. As such it draws on lessons learned by STARH as well as approaches and materials already developed (BP3K, Sahabat, self assessment tools, Smart Client, infection prevention work, etc.). This program is being undertaken with the support and involvement of MNH as Bidan Delima will address both safe delivery and family planning services of private midwives.

Bidan Delima

Objective

To support IBI in using a national quality recognition and branded marketing program, to improve the quality of care and the professional standing of *bidans*.

Achievements during this Reporting Period

- STARH and IBI worked intensively to design the *Bidan Delima* program as a sustainable branded quality services and marketing program. It was determined that the program will be nation-wide, will start with "*bidan swasta*" (and potentially eventually include *bidan di desa*), will begin with the development of a Bidan Delima branded quality services network, and will be followed by a marketing campaign to induce continuous utilization of the network by the target audience.
- A field test was implemented of the concepts and preliminary tools including: recruitment and selection process, systems and procedures with four provinces (North Sumatra, Jakarta, Bali and South Sulawesi). A group of 80 private midwives, 20 from each province agreed to complete the draft self-assessment tools to test their ease of use and relevance. This tool drew from tools previously developed by STARH and MNH.
- A Bidan Delima logo, to be used as the professional identity of quality services, has been developed and pre-tested through focus group discussions and in-depth interviews.
- The Bidan Delima program concept was officially launched at IBI's National Convention in Jakarta in early September 2003, attended by more than 1300 midwives from all over Indonesia. The audience was very enthusiastic and receptive to the Bidan Delima concept and very interested in participating in the program.
- The next phase of the program will develop capacity in an initial five provinces to implement the program including aspects of recruitment, verification, coaching, achieving Bidan Delima status, etc.

Muhammadyah and Muslimat Health Networks

Overview

STARH is in the process of pursuing possible technical assistance to these two large Islamic organizations. Both organizations have a loose network of affiliated health facilities. Both networks provide family planning services but the client load is small. The facilities in both networks are loosely linked because they are locally funded. This means that they provide an already sustainable FP service delivery structure. And both want to expand FP services.

Objective

To enable the Muhammadiyah and Muslimat health networks to become reliable, consistent and self-sustaining providers of quality family planning and reproductive health services

Achievements during this Reporting Period

Self-administered questionnaire of the two organization's health facilities have been distributed and completed. Data analysis is in progress. Future technical assistance will be based on the outcome of the self-administered study.

Commercial Sector Suppliers

Overview

In this initiative, STARH plans to assist private sector companies to test, in a number of selected districts, the viability of the low-end market and how best to capture market share among those willing to pay by exploring pricing, branding, and service strategies. The outcome of the research would be used by the participating companies to expand marketing efforts nationwide.

Key activities within this initiative might include market exploration to identify interventions, development of test market business plans, design of communication strategies to intervene in identified markets or segments, and monitoring and evaluating of the market tests.

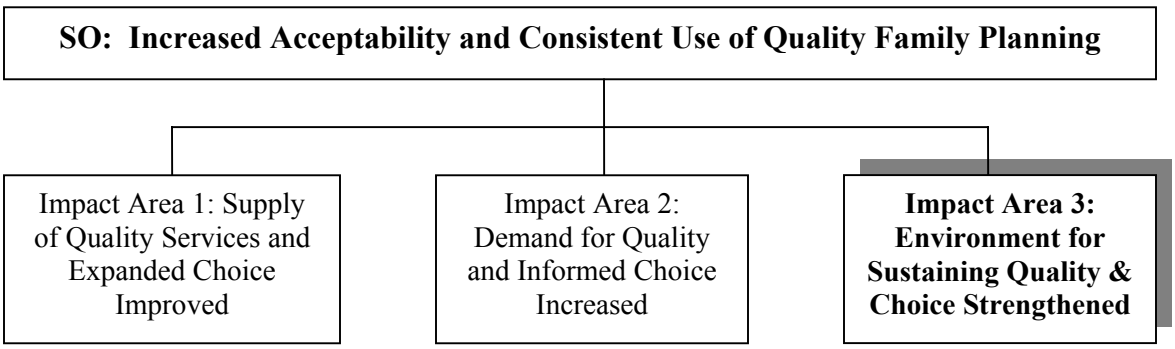
Similar initiative but with different models have been tested in the past with little success. The main challenge has been that BKKBN subsidized contraceptives penetrate commercial market undermining the opportunity for growth of commercial contraceptives. Hence, BKKBN's commitment to better control the supply of subsidized contraceptives is key to success of this initiative.

Objective

To bring BKKBN and the commercial sector together in a public/private partnership to address contraceptive supply needs in Indonesia.

Achievements during this Reporting Period

A working group of BKKBN, STARH and representative of major pharmaceutical companies has been formed. Program socialization has been completed while the first stage of market exploration activity is in progress.



Impact Area 3: Environment for Sustaining Quality and Choice Strengthened

STARH will contribute to the Strategic Objective through strengthening the institutional environment for quality and choice, especially the policy environment. STARH will achieve impact by focusing on three main activity areas: policy analysis and policy development; ensuring clients rights, and improved utilization of data. Strengthening the policy environment for RH/FP is especially important at this time when the country is going through a complex process of political reform and decentralization. Decentralization entails the rewriting of many laws and policies affecting the social sector, and requires the introduction of new programs and interventions at regional levels. The activities in this section are very closely related to the advocacy activities of Impact Area Two.

Support for National and Regional RH/FP Policy

A. POLICY ANALYSIS AND POLICY DEVELOPMENT

Following advice from the Management Review, STARH refocused its policy agenda on the key issues outlined below and linked them with the strong advocacy approach outlined under Impact Area Two.

Objectives

- Assist BKKBN to plan for decentralization of its RH/FP programs.
- Make the legislative environment fully supportive of a client-oriented approach to RH/FP, through revision of RH/FP laws.
- Assist policy makers to have a clear understanding of the policy reforms needed to support healthy lifestyles among adolescents.
- Assist policy makers to have a clear understanding of the policy reforms needed to maintain contraceptive security.

Achievements during this Reporting Period

Decentralization

STARH's work with the BKKBN Decentralization Task Force is aimed at strengthening the policy environment so that quality and choice of the FP/RH program are protected and enhanced when the program decentralizes. STARH's technical assistance is guided by an agreement between BKKBN, STARH and MSH, which outlines the type of TA to be provided by each CA to achieve this goal. Government regulations require many "authorities" for the FP/RH program to be transferred to the districts/municipalities by 1 January 2004. STARH, in close collaboration

with MSH, has provided extensive ongoing technical assistance to BKKBN during the reporting period in the following areas:

- KW/SPM Matrix STARH and MSH helped the BKKBN Decentralization Task Force further consolidate the Obligatory Functions and Minimum Service Standards (*Kewenangan Wajib dan Standar Pelayanan Minimal*) matrix for the family planning and family welfare sector. This matrix (together with accompanying documents) defines the essential FP/RH services which district/municipality governments will be required to provide by law. The task force made a crucial conceptual breakthrough during a 2-day meeting in Bekasi, August 7-8. This meeting included the sharing of "lessons learned" by DepKes representatives, and it led to a major simplification and clarification of the matrix. The performance "indicators" are now far more clearly defined in operational terms. These improvements make successful implementation of essential FP/RH services after decentralization far more likely. Guidelines (*pedoman*) to accompany the matrix were drafted during the reporting period.

- Monitoring System STARH and MSH have been working with BKKBN to design a strategy to monitor program performance after decentralization. The basic principles have been agreed: (i) the monitoring system should adequately monitor both SPMs and other aspects of program performance needed for decision making (especially at the local level); (ii) the system should be built from existing components (modified where necessary) as far as possible, and new components introduced only when absolutely necessary; and (iii) the system should be as simple as possible, and should only collect information needed for decision-making. A third draft of the Monitoring Strategy Paper (drafted by MSH) has been completed.

- Early Warning System STARH and MSH have recently started designing an "early warning system" with BKKBN; this system will be established by BKKBN with STARH-MSH support to alert program managers at central and provincial levels of problems emerging with FP/RH service delivery in districts/municipalities *before* they become serious and more difficult to correct. USAID have asked STARH and MSH to make this activity a high priority.

- Documentation STARH has a responsibility not only to monitor and evaluate the impact of decentralization on the FP/RH program, but also to document the process and lessons learned. STARH has been discussing mechanisms needed to supplement the other data-gathering systems already being put in place to produce a documentary record of the decentralization of the FP/RH program and its effects. Such supplementary activities include data analysis, problem identification, write-up and distribution of lessons learned, ad hoc field visits to gather further information when needed, an account of how solutions were discovered and new policies formulated, etc.

- Managerial Subsystems STARH and MSH have constantly been encouraging and helping BKKBN to reconceptualize its vision and mission for after decentralization. In August BKKBN launched a major exercise aimed at thoroughly examining 10 essential management "subsystems" supporting the FP/RH program, and carefully redesigning each subsystem to ensure quality services are maintained after decentralization. The 10 subsystems are: planning, operations, advocacy and IEC, MIS, research, training, supervision, contraceptive security, fieldworkers, and FP services. (To be exact, BKKBN now describes three of these as *pedoman* rather than subsystems, but the precise terminology is still evolving.) The redesign of those parts of subsystems over which BKKBN will have no direct control after decentralization will take the form primarily of "reference materials" for use by districts.

  STARH and MSH are supporting this exercise on redesigning subsystems, and are being proactive in recommending additional activities to make it a success; for example, developing

the capacity of BKKBN-Central to provide TA to districts/municipalities to help them implement the subsystems in their respective districts. STARH supported a 2-day retreat in Bogor at the end of September to clarify (among other things) the methodology for redesigning subsystems and to finalize a TOR for fieldtrips to get inputs from the districts and provinces. This subsystem exercise is for STARH a natural progression of the policy dialogue it has been having with BKKBN and other stakeholders for the last 18 months on how to define the essential FP/RH functions optimally for each administrative level following decentralization. Planning the future implementation of these management subsystems is key to sustaining a successful FP program after January 1 2004.

- Policy Paper At BKKBN's request, STARH produced a report on BKKBN's past achievements and outlining possible directions for the agency after decentralization. BKKBN included the report, "The National Family Planning Program in Indonesia: Review of Past Achievements, Future Directions," as an appendix in its official "self assessment" for the Government (published under the title, *Evaluasi Kelembagaan BKKBN*.) **(REFERENCE APPENDIX 4 NO. 62)**

STARH's District Strategy work (discussed elsewhere in this report) complements STARH and MSH's work with the Decentralization Task Force. While the Task Force defines *what* districts will do after decentralization, the District Strategy focuses in much more detail on *how* they will perform these functions, and is seeking to establish models of best practice, which can be scaled up for national impact. During the next reporting period these two TA strategies are likely to find even more common ground as decentralization becomes a reality and BKKBN moves from the planning to the implementation phase of decentralization.

RH/FP Laws and Regulations

Early in 2003 BKKBN informed STARH that members of the Parliamentary Forum on Population and Development (IFPPD) and of Commission 7 of the DPR were initiating a process to revise Indonesia's Population Law (Law 10 of 1992 on "Population Development and the Development of Happy and Prosperous Families"), and that they had asked BKKBN to take the lead in preparing the necessary legal instruments, namely the Draft Revised Law (known by the Indonesian acronym RUU) and the supporting research and analysis paper explaining why the law needs to be changed (known as the *Naskah Akademik*). In April the late Ibu Yaumil, Head of BKKBN, formally established a Law 10 Amendment Team, charged with the responsibility of producing the necessary legal instruments.

Both BKKBN and IFPPD requested TA from STARH, and STARH has provided such support throughout the reporting period. STARH's inputs have included the services of one international legal reform specialist for a period of 20 days and one Indonesian medical/legal specialist for a period of 40 days. Both of these individuals helped in the actual drafting of the law. STARH's internal technical assistance focused on policy dialogue around technical content and the process for legal reform. Through IFPPD STARH also supported the convening of round tables and other forums during which input was sought and debated. An important contribution of STARH during this period has been documenting the process of legal reform **(REFERENCE APPENDIX 4 NO.132)**. STARH recognizes that this process of legal reform provides a unique opportunity to strengthen the policy environment for FP and RH in Indonesia.

IA3 worked very closely with IA2 on Amending Law 10. A special coordinator was added to the STARH team to facilitate this integration of impact areas (as recommended by the Management review). These joint activities are described under IA2 above (see section on Advocacy to Support RH/FP Policy Change), but it is important to emphasize that these activities went beyond

conventional "advocacy": they were designed to stimulate policy dialogue, maximize participation by stakeholders in the policy formulation process, and to ensure all activities supported by STARH in connection with amending law 10 were predicated on principles of good governance. STARH TA enabled the process of producing the RUU and NA to involve more stakeholder participation and to be more transparent than would otherwise have been the case.

- Draft Amendment to Law 10 The first phase of amending Law 10 has been completed in record time. The draft RUU has been completed by the BKKBN Team, and has been formally adopted and sponsored by Commission VII as a DPR initiative. It has been officially placed on the DPR Agenda for consideration during this Session. Commission VII held a well-publicized and well-attended National Seminar on the Amended Law at the DPR on September 25. Although the draft RUU is necessarily a compromise document, taking into account the interests of many groups, it nonetheless represents a major step towards strengthening the policy environment for sustaining quality and choice in FP. Compared to the existing law, the draft amended law more clearly affirms and protects the reproductive rights of all Indonesians; acknowledges the responsibility of government, at all levels, to ensure contraceptive security after decentralization (at least for married couples); notes the government's special responsibility to meet the FP needs of the poor; and it emphasizes the need to improve the quality of services. (On ARH it is more disappointing, although marginally it could be read to endorse a more comprehensive approach than before to meeting the special RH needs of adolescents.)

Adolescent Reproductive Health

- Policy Papers Two reports on adolescent reproductive health were completed during the reporting period. The first, "Adolescent Reproductive Health in Indonesia," by Augustina Situmorang, was commissioned by STARH **(REFERENCE APPENDIX 4 NO. 36)**. The second, "Adolescent and Youth Reproductive Health in Indonesia," by Iwu Utomo, was commissioned by the Policy Project in Washington **(REFERENCE APPENDIX 4 NO. 67)**. STARH provided some data and other materials for the preparation of this report, and it appears as a joint POLICY and STARH publication. Using these reports, together with the (preliminary) results of the Remaja Survey, STARH will prepare a short Policy Briefing Paper on ARH, to be ready by the end of October.
- Policy Dialogue STARH supported a series of meetings (monthly dialogue meetings, roundtable discussions, etc.) at the DPR, and also public hearings in the provinces, that were hosted by IFPPD and/or Commission VII as part of the process for amending Law 10. A number of these meetings included invited speakers and participants representing the interests of ARH. This was part of STARH's efforts to stimulate a public discussion with parliamentarians about ARH policy issues. These discussions were reported by the press and are part of the official record maintained by IFPPD and Commission VII.

Contraceptive Security

- Policy Dialogue Several of the meetings supported by STARH at the DPR, and the public hearings held in the provinces, included FP and RH stakeholders. These meetings sustained a lively policy debate with parliamentarians and government officials about the future of the FP program and contraceptive security. This debate was widely reported in the media.
- Issue Identification A senior consultant was used to help identify key CS issues confronting the FP/RH program today, and to present these issues in an advocacy fact sheet. The issues identified range across public and private sectors, and cover all 3 impact areas; policy issues

include method mix, role of subsidies, and meeting the special needs of the poor and of single people.

B. UTILIZATION OF DATA

IDHS

Dissemination Plan Preliminary findings from the 2002-2003 IDHS became available in August and have already been used in advocacy fact sheets. STARH has been discussing its role in dissemination of 2002-2003 IDHS findings and analysis with USAID, MACRO Int., BPS, and other partners.

QIQ

QIQ II The second round of QIQ was fielded in 6 districts (3 provinces) during August-September and data entry has been completed. A report comparing the results of QIQ I and QIQ II will be written in October.

KS

Assessment of Data System In early 2002 a Working Group was established with BKKBN to assess the BKKBN Annual Family Enumeration Data System (*Keluarga Sejahtera*) and its use in FP/RH policy decision-making. As plans for decentralizing BKKBN unfolded the future of this data system became unclear and the assessment was put on hold. After further discussions with BKKBN it has been decided to put this exercise as originally conceived to rest, and to concentrate instead on developing a strong monitoring and early warning system for use when the program is decentralized. Any further work on the KS system supported by STARH will be folded into this broader exercise.

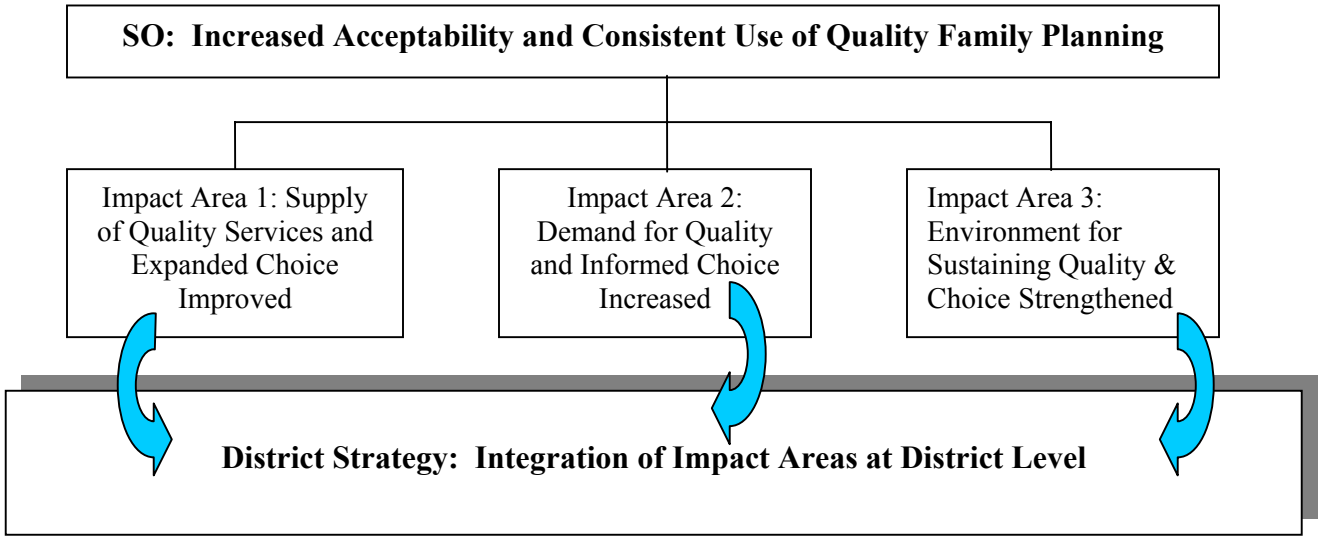
Other

STARH is managing several other data collection activities aimed at either informing program direction or providing a baseline for evaluation of program impact. They include:

- As mentioned in the Program Implementation section, John Ross of the Futures Group produced a report entitled "**Contraceptive Security in Indonesia, What do the Data Say**?" **(REFERENCE APPENDIX 4 NO. 29)** to help STARH identify key issues affecting contraceptive security in Indonesia. This report was widely circulated to counterparts and STARH continues to use the information to identify advocacy priorities and formulate advocacy messages.
- A survey on **barriers to following clinical standards** among practicing health professionals has been designed and data collected (already described in Impact Area 1). More data continues to be entered, after which a final analysis will be prepared.
- **A profile of private *bidan* practices** is being developed from a survey administered at IBI National Congress. STARH collected over 1,200 surveys of *bidans* at the IBI Congress to develop a profile of a typical private *bidan* practice. The survey addressed issues such as: staffing, fee structures, type of services provided, client load, source of contraceptive and other supplies, referral patterns, etc. This profile will help the Bidan Delima program more efficiently target its efforts at quality improvement and professionalism.
- Survey of **barriers to contraceptive access and use among the poor**. As mentioned earlier, STARH will gather qualitative data about contraceptive practices of the poor to try to determine specific access and use issues that the program may have overlooked. While STARH focuses much of its public sector efforts at the poor, by targeting the *puskesmas*, there may still be places where STARH could intensify efforts to more effectively meet the

needs of Indonesia's most vulnerable populations. During this reporting period the protocol and questionnaire for the study was completed.

- **Community survey**. This was reported on in the last semi annual report. STARH continues to analyze the results of this survey and will be preparing a profile of each of the 12 STARH districts, which describes community dynamics, leadership, community activities, community health seeking behaviors and attitudes towards reproductive and client's rights. This contextual profile will help STARH and others analyze how and why quality improvement/behavior change efforts are succeeding or not and should help identify predictive community characteristics for success.



STARH's District Strategy: Integrating Impact Area Activities at the District Level

The purpose of STARH's District Strategy is to:

1. Test models of capacity building at the district and province levels for increasing the supply of and demand for quality FP/RH services;
2. Document lessons learned and scale up best practices to the rest of Indonesia.

A. Building the Capacity of Integrated District and Provincial Management Teams

STARH continues to work through integrated management teams in 12 districts and 8 provinces using an innovative model encouraging cross-sectoral planning and public/private collaboration. This approach is particularly important in an era of decentralization when attention to family planning may fade given competing agendas. STARH is encouraging sustained focus on family planning by engaging the interest and harnessing the commitment of a wide range of stakeholders who can influence the future of Indonesia's family planning program. During the next reporting period STARH will conduct in-depth interviews with the district management teams to understand how the team process is working, what the results have been, how it might work better, and how it can be sustained after STARH.

Achievements during this Reporting Period

- Two meetings were held in July with STARH team members from the Java and Sumatra. The purpose of the July meetings was to:
    - Share progress of the district management teams, discuss problems and communicate lessons learned among districts and provinces.
    - Plan the activities and the budget for year 2003 – 2004
    - Discuss and reach agreement on the funding mechanisms for year 2003-2004
    - Begin to plan scaling up activities.

- The district and province teams worked hard to pull together activities and workplans for the period July 2003 – June 2004. The budgets and contracts were finalized with all 20 teams.
- Most of the activities conducted by the district and provinces teams during the reporting period have been described elsewhere in this report. Below are listed some additional achievements of individual teams during this reporting period:
    - The Boyolali team has been successful in getting local government to provide the following additional resources for the family planning program:
        - ✓ A 250 square meters building for a District Clinical Training Center
        - ✓ Rp 250 million for renovating the DTC building (fiscal year 2003)
        - ✓ Rp 250 million for procuring contraceptives (fiscal year 2004)
    - The Cianjur team had success in leveraging funds from ASUH and the community to supplement STARH funds for their local Sahabat campaign.
    - The Bangka team successfully lobbied for 9 million rupiah from local government to renovate *Puskesmas* Belinyu

Implementing Community Driven Quality Improvement Models

Overview

The purpose of the community driven quality improvement process (CDQI) is to encourage community members to join with health facility staff to improve the quality of health services in public and NGO facilities. In the context of the STARH program, the CDQI process can help to reduce the gaps in family planning service quality identified in the QIQ assessment.

In promoting and supporting the CDQI process at the community and facility level in certain districts, STARH is looking to identify and document facility/community-based models that work to improve FP/RH service quality and to share lessons learned about these models broadly across Indonesia. The critical elements of CDQI include:

- A process of self-assessment whereby the facility uses a standard checklist based on up-to-date standards and guidelines to determine to understand where their gaps in quality are;
- Clinical coaches to help facilities understand and use the self assessment tools and help them through the problem solving process,
- Community mobilizers to engage the community to demand quality services and participate with clinic staff in making those service a reality.

The CDQI process is being carried out in collaboration with DepKes, which is also trying to engage communities more in the delivery of public sector services through the development of Badan Penyantun Puskesmas (Community Health Boards). STARH's work will help to extend the DepKes concept to additional parts of the country.

Objectives

To improve the quality of RH/FP services for the most vulnerable populations by encouraging community members to join with health facility staff to focus on quality and choice.

Achievements during this Reporting Period

- The CDQI training curriculum was finalized. The final design included significant input

from DepKes's Directorate Komunitas and, as a result, supports the DepKes approach of developing *Badan Penyantun Puskesmas* (Community Health Boards) to help strengthen community involvement and ownership of the *puskesmas*. In finalizing the training module for community participation, STARH adapted the ACP (Appreciative Community Participation) module and tools from HI and SCF, making adjustments as necessary to align them with the CDQI concept. In general, the CDQI training curriculum borrows heavily from successful community based quality improvement models developed and implemented by CCP, JHPIEGO and others around the world.

- During June and July five, five-day CDQI facilitator training workshops were held at Puncak, Semarang, Surabaya, Bogor and Medan. Participants included clinical and community facilitators from each of the 12 STARH districts. The training was an intensive process using trainers from BKKBN, DepKes, IBI and STARH. One day of the training was spent visiting a *puskesmas* to give the facilitators practical experience in using the self-assessment tools. BKKBN, DepKes and IBI worked together collaboratively at the district and province level to support the training and plan for its implementation.
- Following the CDQI facilitator training, every district "socialized" the CDQI concept to the larger STARH district management team.
- Six district management teams and the CDQI facilitators organized Self Assessment Orientation Meetings to familiarize facilities with the self-assessment tools. Six teams had yet to organize such meetings. Five STARH districts have already implemented the Appreciative Community Participation orientation for community mobilizers: (OKI, Tulang Bawang, Boyolali, Kediri, and Cianjur). The rest are planning to do so in October. All communities have now selected a community mobilizer (CM) to help in conducting the ACP process.
- STARH staff has provided a great deal of follow up in this reporting period to reinforce the messages in the CDQI training and to continually foster stakeholder involvement and ownership of this initiative. To date we have learned the following about the CDQI process:
    - In many places CDQI facilitators, both clinical and community, have been very active and enthusiastic in immediately organizing meetings and orientations in the district and facilities. In other places, while no less enthusiastic, the teams truly needed the follow up visit to reinforce and clarify the concepts covered in the training.
    - In Deli Serdang and Boyolali we found dynamic individuals who were "early adopters" of the CDQI concept and actively disseminating the process and tools in a manner beyond expectations. In Deli Serdang, one of the "non-CDQI" facilities had adopted the idea and was actively involving becak drivers and youth in the community to help keep the *puskesmas* clean and secure. In Boyolali, one of the CDQI facilitators has begun to implement the process in her own *puskesmas*, which was not one of the designated "STARH facilities".
    - STARH will gather CDQI stakeholders together in December to share lessons learned and make any necessary adjustments to the process and inputs.

B. SCALING UP OF SUCESSFUL QUALITY IMPROVEMENT APPROACHES

STARH has begun to identify approaches and/or products that can be scaled up throughout Indonesia. The table below reflects very preliminary thinking about what will be scaled up from STARH's district strategy and when and how these approaches and products might be disseminated. This is by no means a final list. We anticipate that additional products will be

added and some may be deleted as we find out more from the experiences of the district management teams.

STARH Approaches/Products for Scaling Up *(preliminary list)*		
Approach/Product	**When (approximately)**	**How**
Impact Area 1		
Tool for assessing district training capacity	Early 2004	Introduce to JNPK, DepKes, and BKKBN
Plan of action format for improving district training capacity	Early 2004	Introduce to JNPK, DepKes, and BKKBN
Management training curriculum for district raining centers	2nd quarter of CY 2004	Introduce to JNPK, DepKes, and BKKBN
CTU curriculum (with orientation, knowledge only and knowledge and skills options)	Early 2004	Introduce to JNPK, DepKes, and BKKBN
IP training manual	2nd quarter of 2004	Introduce to JNPK, DepKes, BKKBN, educational institutions, and professional organizations
Contraceptive security assessment tools; Facilitators guide Training curriculum for inventory management	End of 2003 Mid 2004 1st quarter 2004	Boyolali, Provincial Purbalingga, other province Province team as TA + professional
FP Standards and Guidelines (BP3K)	Completed	IBI / POGI
QIQ Assessment Methodology	June 2004	Districts, East and C Java (Early 2003)
Package of self assessment tools, internal and external supervision guidelines	2004 (in collaboration with DepKes and BKKBN)	Distributed to non STARH provinces
VS assessment tools and guidebook	Completed	By BKKBN / PKMI
Impact Area 2		
P Process Training Package	Early 2004	Dissemination through BKKBN (to be in line with Ditvok)
Advocacy facilitator guidebook on how to conduct alliance workshops (tips how to)	Q3 - 2004	Distribute through HI 2010 network, INSIST network to other district
Advocacy fact sheets	End 2003, Early 2004	Disseminate through BKKBN, advocacy teams, media, etc.
Journalist training package	Q2 - 2004	LP3Y, Distribute through HI 2010 network, INSIST network to other district
CDQI training curriculum and assessment tools	TBD	DepKes and BKKBN
CDQI materials (brochures, client empowerment materials, job aids, DMT, etc)	TBD	TBD

PART V: SOAG SECRETARIAT

USAID is providing grant funding through a Strategic Objective Agreement Grant (SOAG- currently valued at $135 million for the period Aug 1999 – Sept 2005) to the Government of Indonesia to help protect the health of the most vulnerable women and children in Indonesia. The SOAG management structure includes a SOAG Executive Steering Committee, a SOAG Secretariat, appointed Responsible Persons for each technical component, Activity Teams for each implementing activity and Activity Coordinating Units.

The SOAG Secretariat was established at the request of the GOI to help fulfill the management responsibility of the GOI for the Grant, including coordination, networking, monitoring and problem solving for the SOAG. The administrative, technical and financial responsibility for the SOAG Secretariat was assigned to STARH by USAID. The key SOAG Secretariat objectives are:

- To support the SOAG Executive Steering Committee (ESC)
- To support the Responsible Persons, Activity Teams, Activity Coordinating Units, Cooperative Agencies, USAID and the GOI
- To facilitate networking and linkages between the SOAG, USAID and External Groups

This report details key activities undertaken by the SOAG Secretariat and outcome during the reporting period, in support of the Secretariat's main objectives.

Objective 1

Support the SOAG Executive Steering Committee (ESC)

Key Developments during the Reporting Period

- The SOAG Secretariat continued to follow up on questions concerning Keppres 42/2002 with various parties in the MOH and MOF.
- In support of the SOAG Executive Steering Committee, three Program Review meetings were held during this period; presentation of the Decentralization Program by MSH (21 April 2003), presentation of ASUH Program/PATH (16 June 2003), and presentation of USCES Program/STC (27 August 2003).
- The SOAG Secretariat facilitated the Signing Ceremony for the SOAG 6th Amendment that took place 16 July 2003. Attending this event were two Ministers, the Head of BKKBN, the US Ambassador and the USAID Mission Director. In conjunction with the signing a "Health Fair" was held to exhibit activities of the various components of the SOAG. More than 150 people attended this half-day event held at the MOH.
- To support Executive Steering Committee members, SOAG Information Booklets were distributed to Executive Steering Committee members, Responsible Person's, ACU's, GOI and others.
- The SOAG Secretariat continues to monitor SOAG CA reports.
- The SOAG Secretariat worked on collecting the annual "In-kind Contribution" information from the SOAG Program Components through the SOAG Responsible Persons. An annual "In-kind Contribution" Report is required of the GOI by USAID, which will be submitted in October 2003.

Objective 2

Support Responsible Persons, Activity Team, ACUs, Cooperating Agencies, USAID and the GOI

Key Developments during the Reporting Period

- The SOAG Secretariat facilitated a MNH ACU team visit to West Java in May 2003.
- The SOAG Secretariat facilitated a MNH ACU meeting on "Screening Hipotiroid Congenital" on 12 May 2003 and a Technical Units Coordination Meeting on 31 July 2003.
- Several informal coordination meetings were held with ACU and CA groups, over this reporting period.
- The SOAG Secretariat facilitated two CA Coordination meetings organized by MSH concerning Decentralization.
- The SOAG Secretariat socialized the SOAG CA Financial Guidelines with two CA's: the Inisiatif Anti-Malaria Indonesia in June and Helen Keller International in September 2003.
- In June 2003 the SOAG Secretariat met with the new SOAG Responsible Person, Dr. H. Tb Rachmat Sentika, Meneg PP and Save the Children to explain the SOAG Secretariat role and support services.
- Finally, the Secretariat sent out seven mailings to CAs and Responsible Persons including the following:
  - Meeting notes for ESC Meeting of 18 February 2003, sent on 7 April 2003
  - SOAG Secretariat Report for the period January – March 2003, sent on 16 April 2003
  - SOAG Secretariat Report for the period April – June 2003, sent on 25 July 2003
  - Amendment # 6 of SOAG (16 July 2003) sent in August 2003
  - Meeting notes for ACU Meeting of 20 August 2003, sent on 25 August 2003
  - Mission Monthly Calendar of Events received from HPN USAID Office
  - "Perspective" articles on Indonesia Legal System and Indonesia Consumer Attitudes (14 April)

Objective 3

Facilitate Linkages or Networking Between SOAG, USAID and External Groups

Key Developments during the Reporting Period

- The SOAG Secretariat participated in and assisted the "Partners for Health" donor/MOH group to hold five meetings (3 April, 24 April, 22 May, 31 May and 25 September 2003), which focused on coordination, exchange of information, and preparing material for the Consultative Group on Indonesia.
- The Secretariat also participated in several meetings between the SOAG Secretariat and USAID on key issues including a coordination meeting with Dr. Ieke Irdjiati, SA, MPH on 17 June and several planning meetings for the July 16 signing of the SOAG Amendment # 6.
- The SOAG Secretariat met with Nina from AusAID on 11 August and Krystyna Makowiecka from IMMPACT on September 2003 to coordinate and explore joint areas of interest.
- The SOAG Secretariat also participated in meetings concerning the ADB DHS II Project.

PART VI: ACTIVITY MATRIX – UPDATED AS OF 30 SEPTEMBER 2003

New activities are in italic bold. Dropped or revised activities are noted by a strikethrough. RP = Responsible Person
Black = completed. Shade = Planned

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
IMPACT AREA 1: IMPROVED QUALITY OF SERVICES AND EXPANDED CHOICE SUPPLIED (Centrally focused activities)						
STRATEGY: SERVICE QUALITY IMPROVEMENT through						
Dissemination of Up to Date FP Standards and Guidelines *(See additional related activities in the District Strategy matrix)* - **RP: Ricky Lu**						
• Finalize and print updated *Panduan Praktis Pelayanan KB*					31 May 03	
• Develop Orientation Package for standards and guidelines					31 May 03	
• Distribution of *Panduan Praktis* and orientation package to BKKBN, DinKes, IBI in Non-STARH provinces and districts as well as 37 medical schools, 106 midwifery schools and relevant professional organizations					30 Jun 03	
• Evaluate informed consent field test					30 Jun 03	
• Socialize new informed consent procedures at central level					30 Jun 03	STARH has suspended support to this area.
• Print informed consent forms and procedures					31 May 03	
• Socialize new forms and procedures to service delivery sites and PLKB in STARH districts and provinces (BKKBN to do so in other provinces and districts)					30 Jun 03	
• Finalize field test of WHO flipchart					30 Jun 03	
• Depending of findings of field test determine how STARH can promote the flipchart to promote quality counseling					30 Apr 03	
• ***Revise flip chart to fit Indonesia situation based on feedback from field test and to accommodate latest WHO changes***					31 Dec 03	
Implementation of Quality Recognition Program for Private Practice Midwives through IBI - RP: Mayun Pudja						
• In collaboration with IBI and partners, design private sector midwife initiative					31 Mar 03	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
• Establish agreement with IBI for implementation of initiative, including roles at central and field levels					30 Jul 03	
• Conduct necessary assessments and focus group discussions with private midwives					31 July 03	
• Develop with IBI and other partners the quality recognition package (including enrollment process, guide to use of self assessment tools, rewards structure etc).					31 Dec 03	Some materials have been completed, the recruitment package is under development
• Program ***concept*** launched by IBI at National Congress					Sept 03	
• ***Provide training to IBI provincial trainers from 15 provinces***					31 Dec 03	Scheduled for Nov.
• ***Province trainers prepare 600 mentors at district level***					31 Dec 03	
• ***Preparation of 100 validators at district level***					31 Dec 03	
• ~~Conduct regular visits with IBI to monitor progress and solve problems~~ ***Begin enrolling Bidan Delima candidates***					Early 2004	
• Design recognition campaign.					31 Dec 03	Will be postponed until 2004 when critical mass of BD reached
Development of Sustainable National Clinical Training System *(See additional related activities in the District Strategy matrix)* **RP: Ricky Lu, Esty F.**						
• ~~Provide technical assistance to the restructuring of the JNPK (jointly with MNH)~~ Assist JNPK Pusat to strengthen QA role					2005	No longer looking at Pusat structure; focusing more on QA function at Pusat level and structure at district level.
• Through STARH sub-agreement, JNPK (central) oversee and ensure quality of STARH field level clinical training capacity activities					Ongoing	
STRATEGY: CONTRACEPTIVE SECURITY through						
Increased Participation of the Private Sector in Meeting Contraceptive Needs of Clients - RP: Mayun Pudja						
• ***Sign MOU with pharmaceutical companies to develop initiatives for market expansion***					31 Dec 03	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
• Develop initiatives with manufacturers and distributors of contraceptives for market expansion					2004	This will not happen until 2004
• Institutional assessment of Muhammadiyah and Muslimat health networks and their potential capacity to scale up quality improvement models					30 Sept 03	
• Sign MOU with Muslimat and Muhammadiyah for TA					31Dec 03	
Rational Decentralization of BKKBN's Contraceptive Supply Chain Management *(See additional related activities in the District Strategy matrix and Impact Area 3 matrix)* **- RP: Daniel Thompson**						
• TA to BKKBN in conceptualizing and operationalizing a decentralized contraceptive Supply Chain.					Unclear when this will start	Looks as though contraceptive procurement will remain centralized for the time being so this has not yet started.
STRATEGY: EXPANDING CHOICE through						
Safe and Effective VSC Services through a Strengthened Quality Assurance System - RP: Ricky Lu						
• VSC policy and strategy publication and dissemination					July	Published but not yet disseminated
• Identification of tubectomy and vasectomy high-caseload facilities in selected provinces					31 Jan 03	
• VSC Quality Assessment in selected high-caseload facilities in E. & C. Java					15 July 03	
• Development of *Menjaga Mutu* (QA) model (based on policy) and STARH plan for quality improvement in high-caseload facilities in E. & C. Java.					31 Dec 03	These activities will happen as National policy is disseminated in E & C Java and in collaboration with WB Centers of Excellence effort
• Testing of Province-level *Menjaga Mut*u (QA) model for monitoring and improving quality of VSC					31 Dec 03	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
• Province-level VSC training needs assessment in E. & Central Java.					15 July 03	Completed with the assessment
• Update of training materials in collaboration with PKMI					30 Sept 03	
• Orientation of trainers in tubectomy (including minilaparotomy and laparoscopic), and no scalpel vasectomy (with a special focus on Centers of Excellence in E. & C. Java.)					2004	This activity will start in December 2003
• Technical assistance for development of an information system (in collaboration with the Centers of Excellence) to track demand for VSC services (WB to provide hardware & software)					2004	Will start in 2004 if clear SOW can be developed
• If quality has demonstrably improved in test provinces, develop a promotion strategy (which may include printed brochures) focusing on PLKB, community leaders and the public, to recognize and promote the improved sites					31 Dec 03	Realistically, this cannot be expected before 2004.
Other Methods - RP: Lucas Pinxten						
• ~~Explore client ability to pay for implants in the private sector~~					30 Jun 03	There has been a shift in interest away from Implants and towards IUD due to limited availability of Implants
• ~~If feasible, work with commercial sector to determine alternative means for distribution of implants~~					31 Dec 03	
• ***Explore reasons for decline in IUD utilization***					31 Dec 03	
• ***Train trainers and providers in IUD insertion***					2004	
• With stakeholders reassess the strategy of condom promotion in the National Family Planning Program					31 Dec 03	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
IMPACT AREA 2: DEMAND FOR QUALITY AND INFORMED CHOICE INCREASED (Centrally focused activities)						
STRATEGY: CLIENT AND COMMUNITY EMPOWERMENT through						
SAHABAT/SMART Campaign Expanded *(See additional related activities in the District Strategy matrix)* **- RP: Fitri Putjuk**						
• Re airing SAHABAT TV spots through national TV channels					30 Jan 03	
• Develop and disseminate new TV Spot and messages focused on contraceptive security, birth spacing, quality issues identified through QIQ, specific methods, male participation, etc.		In progress			31 Dec 03	
• Produce print materials to support the mass media messages		In progress			31 Dec 03	
• Develop IEC materials to improve information exchange and counseling between provider and client. (SMART client brochure)					31 Dec 03	Developed, being field tested
Increased Availability of Resources for Adolescent Reproductive Health Programs - RP: Dian Rosdiana						
Develop youth friendly programs in existing popular media						
• Collaborate with HI-2010 to develop mass media campaign focusing on youth life style					2004	Awaiting availability of HI 2010.
Adapt international best practices						
• Review and select international best practices and local Indonesia best practices focusing on tools, materials and programmatic approaches (using Focus project materials as a resource)					30 June 03	This will be done with input from the Interagency Group and ARH conference
• ~~Adapt appropriate tools, materials and approaches, adjust with local conditions, pretest them~~					Determined to be too labor intensive, instead will focus on Indonesia best practices that will be shared at ARH conference.	
• Based on the above review ~~and adaptation~~, package appropriate tools, materials and approaches for ARH organizations and BKKBN Kasie Remaja to advocate with or reach their clients.					2004	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
• Assist BKKBN with development and dissemination of ARH fact sheets to provincial and district Kasie Remaja to strengthen their role as ARH advocates					Continues into 2004	Fact sheets for KR have been developed and are being disseminated one per month
• In collaboration with UNFPA, Ford Foundation and others, convene a national dialogue on ARH issues to exchange materials, share experiences and best practices among the ARH organizations (NGOs, experts, advocates, government agencies, the media and the donor community).					Ongoing	One meeting in Q1, one in Q3, 2 planned for Q4.
Sustainable FP/RH Service Delivery NGOs *(through contract with YKB)* - **RP: Nurfina Bachtiar**						
• TA to 5 NGOs in Java to follow up after management training in sustainability					30 June 03	
• Mid-term evaluation to determine progress with 5 initial NGOs					31 July 03	Report available
• Selection and training of 5 additional NGOs in Sumatra					31 Dec 03	
STRATEGY: ADVOCACY IN SUPPORT FOR POLICY CHANGE through (All activities in this section will be undertaken in close collaboration with Impact Area 3). - **RP: Adrian Hayes; Ndaru Kuntoro**						
Advocacy Support at the National Level *(See additional related activities in the District Strategy matrix)*						
• Development and distribution of facts, data, arguments and compelling human interest stories in support of FP/RH for the identified advocacy channels at the national and regional levels		In Progress			2004	Partially completed, work continues.
Knowledgeable and Effective Parliamentary Forum *(See additional related activities in the District Strategy matrix)*						
• ~~Special survey/polling of parliament member's understanding of population issues~~					30 Sep 03	This activity has been dropped
• TA to Parliamentary Forum on FP/RH content and process					31 Dec 03	Through work on Law 10

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
Media Engaged as Partners in FP/RH Advocacy *(See additional related activities in the District Strategy matrix)*						
• Establish partnership with media and journalists to create media advocacy messages on contraceptive security, ARH, clients' rights and quality improvement programs.					31 Dec 03	This work is ongoing
National Advocacy Alliance of RH/FP Stakeholders *(See additional related activities in the District Strategy matrix)*						
• TA to support the implementation of advocacy activities by the National and Regional Teams					31 Dec 03	Assessment completed
• Advocacy plan development by National Team (Government, NGOs, Parliamentary Forum, Universities and others) and District STARH Teams assisted by INSIST					31Dec 03	Delayed until Q4-03.
STRATEGY: COMMUNITY PARTICIPATION TO SUPPORT SERVICE QUALITY IMPROVEMENT through (The activities listed here are performed centrally in support of the community mobilization portion of the Integrated District Strategy. See additional related activities in the District Strategy Matrix) - **RP: Nurfina Bachtiar**						
• Community Survey baseline data collected					Qualitative Nov 02 Quantitative Jun 03	
• Identify training modules for CDQI drawing on MNH, HI-2010, PROQUALI and Save the Children; adapt using TA from Save.					31 Mar 03	
• Develop community materials, based on the SMART Community Research, for coaching community mobilizers.	In progress				31 Dec 03	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
IMPACT AREA 3: ENVIRONMENT FOR SUSTAINING QUALITY AND CHOICE STRENGTHENED (Centrally focused activities) Impact area Three supports the work of the other two impact areas by focusing on policy and data issues critical to the supply of and demand for quality FP/RH services.						
STRATEGY: POLICY ANALYSIS AND POLICY DEVELOPMENT through:						
Decentralization of the National FP/RH Program - RP: Adrian Hayes						
• Provide TA[i] to BKKBN (in collaboration with MSH-M&L) in developing and socializing (especially the programmatic aspects of) their decentralization strategy					31 Dec 03	
• Provide TA to BKKBN (in collaboration with MSH-M&L) in determining and socializing the obligatory functions and SPMs for districts regarding FP/RH services					31 Dec 03	
• Provide TA to BKKBN (in collaboration with MSH-M&L) in clarifying and socializing the functions of BKKBN-*Pusat* after decentralization					31 Dec 03	
• Provide TA to BKKBN (in collaboration with MSH-M&L) in clarifying and socializing functions for the province supporting FP/RH programs					31 Dec 03	
• Work with policy change advocacy activities under IA2 in determining the policy objectives to be advocated, in helping develop appropriate messages, and in providing supporting data and analysis, for developing advocacy tools and strategies for use by district community groups to ensure political commitment to FP/RH					31 Dec 03	Issues identified; advocacy tools under development

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
• Document the decentralization process in STARH districts in preparation for later scaling up of successful elements of the District Strategy for national impact					2004	While some aspects of decentralization are being tracked a full documentation process will not start until 2004
FP/RH Laws and Regulations Strengthened						
• Provide TA for strengthening reproductive health law					30 Sep 03	
• Provide TA for revising the Population and Family Welfare Law No. 10 of 1992					31 Dec 03	
Adolescent Reproductive Health Policy Priorities Identified and Acted Upon						
• Complete policy analysis of the current status of ARH, identifying changes needed in adolescent behavior to avoid unplanned pregnancies and other RH problems, and changes needed in existing laws and policies which have a negative impact on ARH					31 Dec 03	Report on current status of ARH in Indonesia completed. Policy brief to be prepared in Q4.
• Stimulate policy dialogue on key ARH issues among stakeholders; explore using the Parliamentary forum to facilitate this and get ARH on the political agenda					31 Dec 03	Some dialogue was held in context of Law 10 amendment as well as among Interagency ARH group.
Contraceptive Security Priorities Identified and Acted Upon						
• Preparation of Contraceptive Security Analysis and Issues Paper					30 Apr 03	Contraceptive security strategy submitted to USAID
• Commission review of available BKKBN contraceptive security data and its use for specialized analysis (e.g. to monitor trends in method mix among different social groups and the use of FP services among the poor)					31 Mar 03	John Ross report addressed each of these; analysis of data on the poor continues.
• Commission special analysis of SUSENAS data (for geographical variations in method mix, use and discontinuation)					31 Mar 03	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
• Commission special longitudinal analyses of IFLS data					30 Apr 03	
• Identify key advocacy for policy change issues					30 Sept 03	See CS strategy
• Establish a working group, with BKKBN and commercial sector participation, to review the government FP/RH policies which may be thwarting the development of the private sector.					31 Dec 03	Group formed, MOU expected in November
• Recommend and advocate policy reforms needed to ensure contraceptive security, especially for the poor and vulnerable groups					31 Dec 03	Via Law 10; through CS issues identification process. Will continue
STRATEGY: UTILIZATION OF DATA						
IDHS Results Disseminated						
• Disseminate 2002 IDHS results among policymakers, especially at the national level					2004	Both of these activities will take place in 2004 due to delays in finalizing IDHS.
• Disseminate results of *Remaja* (youth) survey					2004	
Second Round of QIQ Applied						
• Sponsor Round 2 of QIQ; and disseminate QIQ findings, especially at the district level					1 Nov 03	
Strengthening of KS Data System						
~~• Complete KS data system assessment, and recommend ways to strengthen its positive use by policymakers and program managers~~					30 June 03	This activity has been dropped.
STRATEGY: SUPPORT FOR CLIENT RIGHTS						
Clients' Rights Monitoring and Reporting						
• Bi-annual Compliance Report					15 Apr 03 15 Oct 03	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
INTEGRATED IMPACT AREA ACTIVITIES IN SUPPORT OF DISTRICT STRATEGY						
STRATEGY: PROVINCE LEVEL SCALING UP OF SUCCESSFUL QUALITY IMPROVEMENT APPROACHES						
Dissemination of Best Practices in Quality Improvement - RP: Rusdi Ridwan						
• Documentation and analysis of best practices					*Ongoing*	
• Design of Best Practice Dissemination Strategy (including documentation process, Best Practices meeting, awards, visits to successful sites, media exposure etc.)					2004	Dissemination strategy drafted. Dissemination activities will take place in 2004
• Conduct dissemination activities					2004	
Dissemination of FP Standards and Guidelines - RP: Ricky Lu						
• Jointly, with province STARH teams, plan and support province-level dissemination of *Panduan Praktis Pelayanan KB*					2004	These activities will continue in 2004
STRATEGY: INTEGRATED DISTRICT MANAGEMENT TEAMS PROMOTING AND PROVIDING QUALITY FP/RH SERVICES						
Intersectoral Collaboration Through District Teams - RP: Rusdi Ridwan						
• STARH Pusat TA to province and district teams					Ongoing	National Coordinator
• STARH Pusat TA to district level organizations implementing STARH program activities.					Ongoing	
• District and Province teams prepare 2nd annual workplan					30 Jul 03	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
Dissemination of FP Standards and Guidelines - RP: Ricky Lu						
• Orient JNPK trainers in STARH provinces and districts to *Panduan Praktis Pelayanan KB*					Ongoing	
• Integration of standards and guidelines dissemination into existing district-level forums (e.g.: biannual *Forum Teknis Medis,* IBI meetings, etc.)					30 Dec 03	
• Other dissemination activities as developed by district teams					30 Dec 03	
Improvements in Contraceptive Security - RP: Daniel Thompson						
• Dissemination of results from baseline survey of contraceptive supply chain management in 6 districts					30 Jun 03	
• ***Formation of district-level interagency contraceptive security working groups under district STARH teams (Boyolali)***					30 Jun 03	These are new activities that were deigned shortly after the start of the new year. They are elaborated on in STARH's CS paper.
• ***Develop tools for districts to use to assess, ensure and monitor contraceptive security (based on SPARHCS)***					31 Dec 03	
• ***Boyolali conducts self assessment using tool (Central Java)***					31 Jul 03	
• ***Boyolali designs CS strategy with TA from BKKBN Pusat and province and STARH***					30 Nov 03	
• ***East Java province level BKKBN staff oriented to CS process***					31 Dec 03	
• ***CS assessment conducted in Malang***					2004	
• ~~Where district teams are interested, develop models for expanding supply of contraceptives through agreements with private sector distributors, opening BKKBN distribution channels to private distributors, etc.~~						This activity will be part of the guidance to districts in designing CS strategies
• Design contraceptive inventory control system for use at district and facility levels, with input from CS working groups					31 Mar 03	These will be incorporated into CS toolkit, section on implementation
• Development of contraceptive inventory control training and support materials					30 May 03	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
• ~~Prepare province and district level contraceptive supply chain trainers~~						
• ~~Training of district-level personnel responsible for implementing the new contraceptive inventory control system (training linked to facility level section training for facilities)~~						
• ~~Provide other district-level TA as needed based on results of baseline survey~~						
Capacity of District Trainers and Supervisors in Infection Prevention - RP: Ricky Lu						
• Preparation of district level IP teams					30 Jan 03	
• Technical assistance to IP team members as they improve IP in selected facilities					Ongoing	
Capacity for Clinical and IPC/C Training - RP: Esty Febriani						
• NCTN district training site preparation (infection prevention, supplies, etc.)					31 Dec 03	
• Standardization of district trainers in Contraceptive Technology and IUD skills					31 Dec 03	
• Clinical Training Skills for district trainers					2004	Started, will continue into Q4.
• Qualification of new district trainers through practical application of training skills during provider course (see facility level)					2004	
• Preparation of materials and training of trainers for IPC/C					30 Jun 03	Pending completion and adaptation of Decision Making Tool
• Monitoring of and support to IPC/C trainers as they conduct training					Ongoing	
Capacity to Manage Behavior Change Campaigns - RP: Ardi Prastowo						
• Districts plan local Sahabat campaign					28 Feb 03	
• TA to support design, implementation and evaluation of the local SAHABAT campaign					31 Dec 03	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
Capacity to Advocate for Policy Change - RP: Kemal Soeriawidjaja						
• ***Conduct advocacy assessment in each of the 12 districts***					30 Sep 03	
• Preparation of district level advocacy plans in collaboration with INSIST					31 Dec 03	Delayed but now scheduled for December
• TA to support implementation of advocacy activities					31 Dec 03	
• ~~Creation of district level Parliamentary Forum on population and development~~						
Capacity to Implement Community Driven Quality Improvement Activities (District Level) - RP: Esty Febriani and Nurfina Bachtiar						
• Finalize self assessment tools with district level stakeholder input					30 Apr 03	
• Recruit and orient facility coaches and community mobilizers to CDQI process					30 Apr 03 (+updates)	
• Ongoing support to facility coaches, community mobilizers and community-based quality groups, as needed					Ongoing	
• Reapplication of QIQ					1 Nov 03	
STRATEGY: IMPROVED QUALITY IN SELECTED FACILITIES through						
Capacity to Implement Community Driven Quality Improvement Activities (Facility Level)						
• Facility-level orientation and discussion of FP standards and guidelines with support from district coaches					Ongoing	
• Community mobilization activities around QI at facilities					Ongoing	
• Facility QI teams conduct periodic self assessment with support from district coaches and community members					Ongoing	

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services						
Approach and Strategies	**Time**					
	Jan-Mar Q1-03	**Apr-Jun Q2-03**	**Jul-Sep Q3-03**	**Oct-Dec Q4-03**	**Date Complete**	**Comments**
• Facility teams analyze results, problem-solve, identify and implement QI interventions with support from coaches and community members					Ongoing	
Improved Performance of Providers and Staff						
• Clinical training (skill and method to be determined)					2004	Begun by NCTN; to continue
• IPC/C intervention (training or orientation to WHO flipchart)					2004	Pending completion of Decision Making Tool
• ~~Training in Contraceptive Inventory Control System (3 districts)~~					Depends on needs of districts; BKKBN will provide as needed; STARH has developed training materials	
• Coaching in on-site infection prevention improvements					Ongoing	Being provided by district IP teams with support from STARH
• Provision of and orientation to newly developed IEC materials					2004	

Appendix 1

TARGETS: PERFORMANCE MONITORING PLAN FOR STARH/INDONESIA **Updated as of October 31, 2003**

Measurable Indicator	Indicator Definition	Unit of Measure	Year	Planned	Actual	Data source	Comments
STRATEGIC OBJECTIVE: INCREASED ACCEPTABILITY AND CONSISTENT USE OF HIGH QUALITY RH/FP SERVICES							
Contraceptive Prevalence Rate remains at or near 1997 levels	Definition: % of married women ages 15-49 using a modern method of contraception.	Unit measure: Modern contraception use rate for married women	Baseline	--	54.7%	IDHS (1997)	A relatively stable CPR rate would indicate a consistent use of FP services
			2000		54.3%	Susenas[ii]	
			2001		52.5%	Susenas	
			2002	55%	56.7%	IDHS 2002/03	
			2003	55%		Susenas	
			2004	55%		Susenas	
			2005	55%		Susenas	
Impact Area 1: *SUPPLY* OF QUALITY SERVICES AND EXPANDED CHOICE INCREASED							
SERVICE QUALITY IMPROVEMENT							
Improved quality of care in public sector SDPs	Increase in Client/Provider Interaction scores in STARH focal facilities	Average number of counseling criteria observed during client provider interactions (out of a total of 9 criteria)	Baseline	--	5.5	2002 QIQ[iii]	Focus is on IP and counseling as fundamental cross cutting issues in quality of care.
			2003	6.0	6.4	2003 QIQ	
			2004	7.0		2004 QIQ	
			2005	7.5		2005 QIQ	
	Improvement in infection prevention practices in STARH focal areas	% of clinical procedures during which provider washes hands before the procedure	Baseline	--	19.6%	2002 QIQ	
			2003	27%	67.3%	2003 QIQ	
			2004	70%		2004 QIQ	
			2005	75%		2005 QIQ	
	Improvement in adherence to clinical standards for IUD insertions and injection practices in STARH focal areas	Percentage of observed IUD insertions/injections that follow standard clinical procedures	Baseline	--	52.3%	2002 QIQ	
			2003	60%	54.5%	2003 QIQ	
			2004	70%		2004 QIQ	
			2005	75%		2005 QIQ	

Measurable Indicator	Indicator Definition	Unit of Measure	Year	Planned	Actual	Data source	Comments
CONTRACEPTIVE SECURITY/PRIVATE SECTOR							
Impact Area 2: *DEMAND* FOR QUALITY AND INFORMED CHOICE INCREASED							
EMPOWERED CLIENTS & COMMUNITIES							
Self reliant FP practices increases	Increase in % of users receiving contraceptive services from private sector providers[iv]	% of current users reporting last source of method as private sector provider	Baseline[v] 2000 2001 2002 2003 2004 2005	41.9% 43% 46% 66%[vii] 70%[vii]	 63% 	IDHS (1997) Susenas[vi] Susenas Susenas IDHS 2002/03 Susenas Susenas	STARH is supporting contraceptive security through the promotion of self reliant family planning practices and private sector provision of FP.
Impact Area 3: *ENVIRONMENT* FOR SUSTAINING QUALITY AND CHOICE STRENGTHENED							
NATIONAL AND REGIONAL POLICY SUPPORT							
Supportive RH/FP policies adopted by GOI.	STARH supported policy changes adopted by GOI	Number of policy changes or official recommendations made relevant to quality and choice	2002 2003 2004 2005	2 2 TBD TBD	2[viii] 2	Official government documents promoting or announcing a significant change in policy	
COMPLIANCE WITH USAID LEGAL REQUIREMENTS SUPPORTED							
USAID Legislative requirements for population funding monitored	Joint assessment with partners and recommendations for improved protection of reproductive health provided.	Document submitted to USAID	2001 2002 2003 2004 2005	1 2 2 2 2	1 2 1 		

RESULTS DESCRIPTION

Contraceptive Prevalence Rate Remains at or near 1997 Levels

There has been a widespread concern among government officials and donor agencies that, because of the drastic defunding of government-subsidized family planning services, many low-income couples would not be able to meet their family planning needs and the CPR would experience a significant decrease. This possibility did not materialize. Results from the 2002/03 IDHS show that the proportion of married women using a modern contraceptive method increased from 54.7% in 1997 to 56.7% in 2002/03. The fact that in the majority provinces the CPR either increased or remained unchanged, supports the notion that the decline in CPR that some have worry about did not occur.

Increase in Client/Provider Interaction Scores in STARH Focal Facilities

A growing body of research and insights from program experience relate the quality of client-provider interactions (CPI) to the adoption, effective use, and continuation of modern contraception. Greater program effectiveness results from efforts to improve this aspect of quality of care. Conversely, poor CPI is often associated with discontinuation and method failure. Researchers in this field have identified a list of nine key processes that should take place in a CPI session. The goal of the STARH intervention was to improve the mean score to 6.0 by 2003 and to 7.0 by 2005. The 2003 QIQ survey shows that the mean score increased from 5.5 to 6.4, surpassing the goal for that year. Because this result exceeds the planned increase, the STARH goal for 2005 is now set at 7.5 instead of the 7.0 that was set in the original PMP.

Improvement in Infection Prevention Practices in STARH Focal Areas

Hands are the principal route of cross-infection in health facilities and handwashing is one of the most important procedures for preventing the spread of disease. In a health facility setting, hands must be decontaminated before and after every episode of care that involves direct contact with patient's skins, their food, invasive devices or dressings. Effective hand decontamination can significantly reduce infection rates leading to a reduction in patient morbidity/mortality. Some researchers suggest that the current spread of antibiotic-resistant organisms can be attributed, at least in part, to health providers' failure to perform hand hygiene either as often or as efficiently as the situations requires.

The 2002 Quick Investigation on Quality survey (QIQ) that the vast majority of health providers failed to meet even minimal infection prevention and handwashing standards. Among the health providers observed during the study, only 20% washed their hands systematically before a clinical procedure. STARH has trained and coached a team of infection prevention specialist to assist facility-based health providers improve their infection prevention and handwashing practices. The percentage of health providers washing their hands increased noticeably to 67% in 2003, which represents a threefold relative increase. The STARH team focused considerable effort on improving infection prevention by preparing IP teams at the district level to coach facilities to improve IP practices. IP is also a key part of the new clinical FP standards and guidelines and are reinforced in the CDQI self-assessment tools. Because these results exceed by far the planned increase, the STARH goal for this indicator in 2005 is now set at 75% instead of the 40% that was set in the original PMP.

Improvement in Adherence to Clinical Standards for IUD Insertions and Injection Practices in STARH Focal Areas

Health providers are expected to follow certain standard clinical procedures when giving injections or inserting IUDs, to protect themselves and their clients from infection and to enhance overall client satisfaction. As indicated earlier, improvement in client satisfaction leads to a decrease in discontinuation rates. IUD insertion and injection require six well defined steps.[ix] The 2002 baseline survey showed that health providers followed standard procedures for IUD insertion and injections in slightly more than half of cases (52%). The STARH Team emphasized proper procedures during contraceptive technology update (CTU) sessions and as part of self-assessment tools under Community Driven Quality Improvement (CDQI) workshops. The proportion of providers following adequate standard procedures increased significantly from 52% to 55%. This improvement is fairly small compared to the progress made in the other two service quality improvement indicators, but it is the set target for 2003 in the original PMP.

Increase in Percentage of Users Receiving Contraceptive Services from Private Sector Providers

"Contraceptive security" refers to the effort of creating an environment in which every person is able to choose, obtain, and use quality contraceptives whenever he or she needs them. For many years the driving force behind Indonesia's family planning program was a heavily subsidized system within which clients were expected to pay little or nothing for their services and contraceptives. This reliance on a heavily subsidized system represents a considerable long-term risk contraceptive security, hence the need to strengthen the private sector's role as providers of commodities and services. Between 1997 and 2002/03, the proportion of family planning users obtaining methods in the private sector grew from 42% to 63% - an average increase of 10% per year – exceeding by far previous expectations. This growth can be attributed to the impact of various programmatic interventions but also to the fact that the government-based distribution system suffered a major reduction in funding, driving some of its clients to switch to the private sector. Because this figure exceeds the expected programmatic goal, the STARH team has set new planned figures for 2004 and 2005.

Supportive RH/FP Policies Adopted by GOI

The STARH team supported BKKBN's effort to develop the Obligatory Functions and Minimum Service Standards, a policy instrument that will be guide BKKBN's association with district offices under a decentralized system. STARH has also worked with the Parliamentary Forum and BKKBN promoting the amendment to the Population and Family Planning law (Law Number 10), which is expected to be brought forward to the floor for discussion during the current parliamentary session.

[i] TA can include analysis, research, documentation, sharing of experiences from other countries, drafting of legislation, etc.

[iiii] CPR estimates tend to be lower in Susenas surveys because the questionnaires do not include procedures to probe respondents thoroughly. Nevertheless, Susenas data will be monitored on an annual basis as and indicator of change in CPR during the interim period between IDHS.

[iii] Quick Investigation of Quality

[iv] As with CPR, Susenas data will be used as an interim measure between IDHS surveys to monitor *changes* in this indicator.

[v] The percent of current users reporting last source of method as private sector provider using IDHS data uses the survey's 'Medical private' definition, which includes private hospital, private family planning clinic, private doctor, private midwife, pharmacy, other private, and health officer (Mantri Kesehatan). Community-based sources are classified separately in the IDHS under a separate generic 'Other private' category; this includes village delivery post (polindes), health post (posyandu), family planning post, traditional birth attendant, friend/relative, and other source. The percent of current users reporting last source of method as private sector provider using Susenas data is the total users reporting RS Swasta, Praktek dokter, Praktek bidan, and Apotik/toko obat. This definition approximates the IDHS definition of 'Medical private' but it is not identical

[vi] The percent of current users reporting last source of method as private sector provider using Susenas data is the total users reporting RS Swasta, Praktek dokter, Praktek bidan, and Apotik/toko obat. This gives a definition of private source very close to the 'Medical private' definition of IDHS, but not quite identical.

[vii] These figures have been modified from previous PMPs to reflect the fact that family planning clients have shifted to the private sector at a higher than expected pace.

[viii] DepKes policy on VSC `in pukesmas; (ii)

[ix] For IUD insertion these steps are: a) Speculum exam for STI, Bimanual/ pelvic exam, c) Use tenaculum, d) Sound uterus before insertion, e) Apply withdrawal technique, f) Client rest at least 15' after insertion. For injections the steps are: a) Verify that the client is not pregnant, b) Verify that the timing is correct, c) Shake the bottle, d) Inject in upper outer quadrant, e) Draw back plunger before injection, f) Allow dose to self disperse.

Appendix2

STARH District Strategy: Capacity Building Activities Completed and Planned
For the Reporting Period: October 2002 – September 2003

		Central Java		East Java		West Java		Banten	N. Sumatra		Lampung	South Sumatra	Babel
	DKI Jakarta	Purbalingga	Boyolali	Kediri	Malang	Cianjur	Sukabumi	Lebak	Deli Serdang	Pintang Siantar	Tulang Bawang	OKI	Bangka
Planning Workshop (6/02; 6/03)	--	X	X	X	X	X	X	X	X	X	X	X	X
QIQ I Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X
QIQ II Assessment		X	X	X	X				X	X			
QIQ I Results Dissemination	X	X	X	X	X	X	X	X	X	X	X	X	X
DTC Assessment	--	X	X	X	X	X	X	X	X	X	X	X	X
Logistics Assessment	--	X	X	X	X	--	--	--	--	--	--	--	--
Contraceptive Security Capacity Building Pilot		P	IP	P	P								
P-Process Training of District Teams	--	X	X	X	X	X	X	X	X	X	--	X	X
SAHABAT Launch		X	X	X	X	X	X	X	X	X	X	X	X
Advocacy Capacity Building for District Teams	--	IP	IP	IP	IP	IP	IP	IP	IP	IP	IP	IP	IP
Clinical Training Center Capacity Building	--	IP	IP	IP	IP	IP	IP	IP	IP	IP	IP	IP	IP
Training of IP Teams	--	X	X	X	X	X	X	X	X	X	X	X	X
Training of District CEQI Teams	--	X	X	X	X	X	X	X	X	X	X	X	X
Introduction of Site-Based Self-Assessment	--	IP	IP	IP	IP	IP	IP	IP	I	P	IP	IP	IP

X = Completed **IP = In Progress** **P= Planned**

Appendix 3

Matrix of Dissemination/Distribution of BP3K					
Total distribution/ dissemination:				**2503**	
Date	**Activity**	**Location**	**Participants**	**# of books**	**Facilitated by**
June	Harganas	Lumajang		5	Display only
6-Jul-03	KOGI XII	Yogyakarta	Stakeholder, P2KS	200	JNPK
7-Jul-03	KOGI XII	Yogyakarta	Peserta KOGI	500	BKKBN - STARH
8-Jul-03	Lecture	UGM	Midwife - UGM	50	AS and DR
6-Jul-03	KOGI	Yogyakarta	YBP Member	50	YBP
30-31 July 03	Dissemination of VSC Results	East and Central Java	Stakeholders, Providers	50	STARH
July	Health Fair	DepKes		5	Display only
July - August	CTU training	STARH Provinces	P2KS and P2KP	210	JNPK
July - August	APK and APN Training	Cirebon	Midwifes	55	(Distribution by MNH)
7-Aug-03	QIQ Dissemination in DKI	BKKBN DKI	stakeholder, providers	50	STARH
9 Aug '03	Family Doctor Congress	Surabaya	Members of Family Doctor	120	JNPK
20-Aug-03	Diseminasi Prop Jabar	Sukabumi	Non STARH Districts	50	STARH Jabar (EF, RR)
21-Aug-03	QIQ Data Collection training	Depok	QIQ data collectors	8	STARH
9-Sep-03	KONAS IBI XIII	Sahid, Jkt	IBI member (nasional)	250	STARH
9-Sep-03	Seminar IBI	Hot. Indonesia, Jkt	IBI member (jabotabek)	50	STARH - JNPK
16-Sep-03	Depkes	Grand Menteng, Jkt	Dinkes Prop	45	Depkes
10-Oct-03	Muktamar IDI	Balikpapan	IDI Member	500	JNPK
15-Oct-03	Diseminasi Kab. Bekasi	RS. Ananda, Bekasi	Providers	75	STARH Jabar (AS)
15-Oct-03	Meetings with Pharmacy company	JHPIEGO	Pharmacy company	30	YBP
20-Oct-03	Lokakarya National Kesehatan Reproduksi	DepKes	Stakeholder, dinkes	100	Distribution
23-Oct-03	Diseminasi Kab. OKI	RSU	Stakeholder, facilities	100	STARH and P2KP

Appendix 4

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